

**Social Workers Who Move into Private Practice:  
A Study of the Issues that Arise for Them**

***A Thesis***

***Submitted in Partial Fulfilment***

***of the Requirements for the Degree***

***of***

***Doctor of Philosophy***

***by***

***Henrica Maria Catharina van Heugten***

***University of Canterbury***

***1999***

## Acknowledgements

I am indebted to the 33 respondents to this research. Without their willingness to speak freely and at length of their experiences of private practice I would not have been able to complete the thesis. I believe respondents' evident desire to contribute to social work knowledge by taking part in the research is an expression of their enduring service ethic and co-operative stance. The richness of the material they provided ensured that I remained excited about my subject to its conclusion.

My supervisor, Associate Professor Ken Daniels of the Department of Social Work, University of Canterbury, was unstinting with time and energy throughout the last five years. He provided guidance and offered challenges to my ideas, without stifling creativity.

Merv Hancock and Ruth Manchester were generous in sharing of their wealth of knowledge about the history of social work, counselling, and psychotherapy in New Zealand.

Dr Terry Austrin of the Department of Sociology, University of Canterbury, directed me to theories of the professions during the initial stages of my research when I was attempting to delimit the field of study. Dr Allison Loveridge, also of the Department of Sociology, University of Canterbury, made many recommendations of relevant sociological literature and commented on the thesis construction and content.

Thanks to Irene Paton, who completed her MA thesis on counsellors' motivations for private practice through the Department of Psychology, Massey University, in 1997. Judy Miller of the Department of Education, University of Canterbury, also met with me on several occasions when we discussed ideas about our respective research subjects, with hers being related to the professionalisation of counsellors.

Carolyn Morris, researcher and PhD student, Department of Anthropology, University of Auckland, shared her hard-won insights into the use of the computer program NUD.IST for analysing qualitative research data.

Rosalee Kennedy worked with great care to produce excellent transcripts of audiotaped

## II

interviews.

Amongst fellow social work PhD students, Jane Maidment and Maniam Sinnasamy have been particularly encouraging. They were empathic when there seemed to be no end in sight, and joined in my excitement when the work progressed well.

I feel grateful also to my colleagues in my private psychotherapy practice, Jenny Rockel, Victoria Smith, and Margaret Morrell, for the interest they have shown in my extra-mural activity.

Friends and family sometimes conspired to provide welcome distractions and levity. However, I am well aware that I have been guilty of neglecting them, particularly my nieces and nephews, who have all but grown up during this time.

Finally, I want to thank my partner Charles Breurkes for his enduring emotional and practical support.

## Table of Contents

<b>ACKNOWLEDGEMENTS.....</b>	<b>I</b>
<b>TABLE OF CONTENTS.....</b>	<b>III</b>
<b>ABSTRACT.....</b>	<b>1</b>
<b>CHAPTER ONE     INTRODUCTION: CONCEPTION, AIMS, AND STRUCTURE OF THE THESIS...3</b>	
1.1 CONCEPTION .....	3
1.2 AIMS AND OUTCOMES OF THE RESEARCH .....	6
1.3 STRUCTURE OF THE THESIS .....	7
<b>CHAPTER TWO     THEORY .....</b>	<b>11</b>
2.1 INTRODUCTION AND CHAPTER OVERVIEW .....	11
2.2 THE SYSTEMS PERSPECTIVE.....	13
2.3 PROFESSIONS .....	16
2.3.1 <i>In Search of Definition</i> .....	16
2.3.2 <i>Abbott's Theory: The System of Professions</i> .....	18
2.3.3 <i>Professions and Power</i> .....	20
2.4 MICRO-THEORETICAL PERSPECTIVES.....	25
2.4.1 <i>Decision Making</i> .....	26
2.4.2 <i>Motivation</i> .....	27
2.4.3 <i>Transitions</i> .....	29
2.5 VALUE CHANGE, PLURAL IDENTITIES, AND REFLECTIVE MARGINALITY .....	33
2.5.1 <i>Value Change</i> .....	34
2.5.2 <i>Plural Identities</i> .....	38
2.5.3 <i>Reflective Marginality</i> .....	43
2.5.3.1 <i>Development of the Theory of Marginality</i> .....	43
2.5.3.2 <i>Marginality and Gender in the Professions</i> .....	46
2.5.3.3 <i>Marginality and Intra- and Inter-professional Communication</i> .....	48
2.5.3.4 <i>Marginality, Value Change, and Social Work Socialisation</i> .....	49
2.6 SUMMARY AND CONCLUSION .....	51
<b>CHAPTER THREE     METHODOLOGY AND RESEARCH PROCESS.....</b>	<b>55</b>
3.1 INTRODUCTION .....	55
3.2 METHOD SELECTION AND INTRODUCTION TO THE RESEARCH PROCESS .....	55
3.3 TOPIC SELECTION AND RESEARCHER SUBJECTIVITY.....	60
3.4 SAMPLE SELECTION AND THE RESPONDENT-INTERVIEWER RELATIONSHIP .....	64
3.5 DATA COLLECTION AND PROBLEMS WITH SELF REPORTING.....	71
3.5.1 <i>Data Collection</i> .....	71

## IV

3.5.2 Problems with Self Reporting .....	73
3.6 ANALYSIS .....	74
3.7 PRESENTATION OF THE THESIS AND DATA .....	78
3.8 SUMMARY AND CONCLUSION .....	79
<b>CHAPTER FOUR HISTORY AND SOCIO-CULTURAL CONTEXT OF PRIVATE PRACTICE .....</b>	<b>81</b>
4.1 INTRODUCTION .....	81
4.2 THE PERSONAL PROBLEM MARKET, AND PRIVATE PRACTICE IN THE USA.....	82
4.2.1 The Emergence of the Personal Problem Market.....	82
4.2.2 A Pioneer of Private Practice—Mary Richmond.....	84
4.2.3 Growth in Social Work Private Practice.....	85
4.3 NEW ZEALAND SOCIAL WORKERS' ENTRY INTO PRIVATE PRACTICE .....	90
4.3.1 The Emergence of the Personal Problem Market.....	90
4.3.2 A Pioneer of Private Practice—Merv Hancock.....	96
4.3.3 The Growth of Private Practice.....	101
4.3.4 The Significance of Vendorship Schemes: Third Party Payments.....	105
4.3.5 The New Zealand Association of Social Workers' Response to Private Practice .....	109
4.4 PRIVATE SOCIAL WORK PRACTICE IN BRITAIN AND AUSTRALIA .....	110
4.4.1 Britain .....	110
4.4.2 Australia.....	111
4.5 DISCUSSION AND CONCLUSIONS .....	113
<b>CHAPTER FIVE MOTIVATIONS FOR PRIVATE PRACTICE .....</b>	<b>115</b>
5.1 INTRODUCTION .....	115
5.2 REASONS FOR LEAVING SALARIED AGENCY EMPLOYMENT .....	116
5.2.1 Aversive Workplace Conditions.....	116
5.2.1.1 Restructuring of Agencies.....	117
5.2.1.2 Professional Relationship Difficulties .....	123
5.2.1.3 Dissatisfaction with Lack of Status.....	125
5.2.1.4 Ideological Issues in the Decision to Leave Agency Employment .....	127
5.2.2 Personal Issues in the Decision to Leave Salaried Agency Employment.....	129
5.2.3 Potential Inducements to Remain in Salaried Agency Employment.....	131
5.3 EXAMINING OTHER OPTIONS .....	131
5.4 THE ATTRACTIVE OF PRIVATE PRACTICE.....	132
5.4.1 Being in Control.....	133
5.4.1.1 Control Over Work Hours .....	134
5.4.1.2 Control Over the Type of Work Done.....	135
5.4.1.3 Control Over Work Methods.....	137
5.4.1.4 Control over Client Selection .....	137
5.4.1.5 Control Over The Physical Work Environment .....	138
5.4.2 Improving Earning Potential.....	138
5.4.3 Improving Well-being .....	140

5.4.4 Seeking Challenge and Professional Development .....	140
5.5 DIFFERENCE AND MOTIVATION: GENDER, AGE, AND IMMIGRATION AS FACTORS IN THE MOTIVATION TO ENTER PRIVATE PRACTICE .....	142
5.5.1 Gender and Motivation.....	142
5.5.2 Age and Motivation.....	143
5.5.3 Immigration and Motivation.....	144
5.6 OPPORTUNITIES FOR PRIVATE PRACTICE.....	144
5.6.1 Financial Security.....	145
5.6.2 Support for Private Practice.....	146
5.7 THE DECISION MAKING PROCESS.....	149
5.7.1 Ideological Dilemmas During the Decision Making Process.....	149
5.7.2 Decision Making Style .....	152
5.8 DISCUSSION AND CONCLUSIONS .....	154
<b>CHAPTER SIX ASPECTS OF THE LIFE HISTORIES OF PRIVATE PRACTITIONERS.....</b>	<b>155</b>
6.1 INTRODUCTION .....	155
6.2 SOCIO-ECONOMIC BACKGROUND AND POLITICAL IDEOLOGY .....	156
6.3 EDUCATION.....	160
6.4 RELIGION AND SPIRITUALITY .....	163
6.5 IMMIGRATION .....	164
6.6 GENDER AND IDENTITY FORMATION .....	167
6.7 PSYCHO-SOCIAL TRAUMA .....	173
6.8 PSYCHOTHERAPY AND COUNSELLING FOR PERSONAL ISSUES .....	177
6.9 SUMMARY .....	178
<b>CHAPTER SEVEN ESTABLISHING A PRIVATE PRACTICE .....</b>	<b>180</b>
7.1 INTRODUCTION .....	180
7.2 THE SETTING .....	180
7.2.1 The Solo Practice.....	180
7.2.1.1 Working From Home.....	181
7.2.1.2 Working From a Solo Office .....	187
7.2.2 Group Practices.....	188
7.2.3 Isolation in the Private Practice Setting: Loss of the Team and Organisational Structure.....	190
7.3 GENERATING AN INCOME: CREATING A NICHE IN THE MARKET PLACE .....	195
7.3.1 Issues About Referrals .....	196
7.3.2 Creating and Maintaining a Marketable Profile .....	200
7.3.3 Perceptions of Competition in Private Practice.....	203
7.3.4 The Public Image and Status of Social Workers in Private Practice .....	205
7.3.5 Title Choices .....	211
7.3.6 Charging Fees.....	214
7.3.7 Income.....	221

## VI

7.4 DISCUSSION AND CONCLUSIONS .....	225
<b>CHAPTER EIGHT THE WORK DONE IN PRIVATE PRACTICE.....</b>	<b>228</b>
8.1 INTRODUCTION .....	228
8.2 THE CLIENTS OF PRIVATE PRACTITIONERS.....	228
8.3 EFFECT ON WORK METHODS, TASKS AND ACTIVITIES .....	237
8.4 AVAILABILITY .....	242
8.5 SUMMARY AND CONCLUSION.....	248
<b>CHAPTER NINE WELL-BEING AND SATISFACTION IN PRIVATE PRACTICE.....</b>	<b>250</b>
9.1 INTRODUCTION .....	250
9.2 IS PRIVATE PRACTICE GOOD FOR HEALTH AND WELL-BEING? .....	250
9.3 IS PRIVATE PRACTICE AN END STAGE IN THE SOCIAL WORK CAREER?.....	257
9.4 CONCLUSION.....	260
<b>CHAPTER TEN RETAINING A SOCIAL WORK IDENTITY .....</b>	<b>262</b>
10.1 INTRODUCTION .....	262
10.2 COLLEGIAL CONNECTIONS AND THE SOCIAL WORK IDENTITY .....	263
10.3 BELIEFS, VALUES, AND THE SOCIAL WORK IDENTITY .....	265
10.4 EDUCATIONAL INSTITUTIONS AND THE SOCIAL WORK IDENTITY .....	269
10.5 MEMBERSHIP OF NZASW AND THE SOCIAL WORK IDENTITY .....	275
10.6 DISCUSSION AND CONCLUSION.....	278
<b>CHAPTER ELEVEN NARRATIVE IDENTITY, AND REFLECTIVE SOCIAL WORKERS ON THE MARGINS OF HABITUS.....</b>	<b>280</b>
11.1 INTRODUCTION .....	280
11.2 NARRATIVE IDENTITY .....	282
11.3 SOCIO-ECONOMIC FACTORS AND THE PRIVATE PRACTICE IDENTITY .....	284
11.4 THE DE-POLITICISATION OF THE PRIVATE PRACTICE IDENTITY .....	288
11.5 MANAGING MULTIPLE IDENTITIES AND CONFLICTING ROLE EXPECTATIONS .....	291
11.6 FROM MARGINALITY TO REFLECTIVE SOCIAL WORK IDENTITIES .....	298
11.7 IMPLICATIONS FOR POLICY AND DEVELOPMENT .....	303
11.7.1 <i>Implications for the Workplace</i> .....	304
11.7.2 <i>Implications for the New Zealand Association of Social Workers</i> .....	308
11.7.3 <i>Implications for Educational Institutions</i> .....	310
11.8 CONCLUSION.....	312

## VII

<b>BIBLIOGRAPHY.....</b>	<b>324</b>
<b>APPENDIX      INTERVIEW SCHEDULE AND ACCOMPANYING LETTERS.....</b>	<b>346</b>
A.1 LETTER OF INTRODUCTION .....	346
A.2 INTERVIEW SCHEDULE.....	350
A.3 FOLLOW-UP LETTERS.....	361



## **Abstract**

Thirty-three respondents with social work qualifications were interviewed about their motivations for making a transition to private practice, and the issues that arose for them in making this transition. Grounded theory as well as a narrative approach were employed in the analysis of results.

It was necessary to explore macro and micro level theories to reflect social work's orientation to the interplay of individual and social systems, and to adequately explain the data that emerged from the interviews. Included are theories of professions, decision making, motivation, transition, value change, postmodern ideas about identity, and theories of marginality.

It was discovered that most respondents left salaried employment following difficult experiences in the work place, rather than merely being attracted to private practice.

Aversive workplace experiences included the consequences of radical organisational restructuring that followed on from the economic and political changes of the post Keynesian 1980s. Some respondents had become progressively more disillusioned when restructuring led to the premature termination of their work projects. Many also experienced value conflicts as a result of the commercialisation of public and voluntary agencies.

Third party payers, including the Family Courts and the Accident Compensation Corporation created an opportunity for private practice because they paid fees or part-fees for counselling.

Issues encountered by the respondents included isolation, ideological difficulties with charging fees, and difficulties in setting adequate boundaries that would prevent work from encroaching on private lives. Particularly women with small children found it difficult to maintain a balance between professional and domestic spheres.

Many respondents no longer identified themselves as social workers, and thought that the transition to private practice had led them to concentrate on intra-psychic rather than political concerns. Nevertheless, all respondents said social work "systems thinking", considering the person in context, continued to influence their practice.

Analysis of the data pointed to the respondents' recurrent experiences of professional and social marginalisation. The thesis concludes with a discussion of the potential for social work's marginal position on the boundaries of social systems to be employed as a vantage point from which reflective practice can occur.

## Chapter One

### Introduction:

### Conception, Aims, and Structure of the Thesis

#### 1.1 *Conception*

During 1993 I became aware that the Social Work Department of the University of Canterbury,<sup>1</sup> in which I had completed my Masters Degree in 1985, was offering a doctoral program. I had recently completed a Diploma of Adult Psychotherapy<sup>2</sup> that involved three years of part-time study, and this had rekindled my enjoyment of learning. I was actively exploring further educational opportunities, and so it was that in mid 1993 I approached the Department with a proposal for research. My proposal was to investigate the motivations of social workers who made a transition from salaried agency employment into private practice,<sup>3</sup> and the issues that they confronted in this transition.

This subject had personal relevance as I had been in private practice as a psychotherapist since 1991. This had been a long term ambition—one I had thought unusual for a social worker.

As a psychotherapist I experienced some confusion about my professional identity and questioned the significance and relevance of my social work background. I wondered if psychotherapy was compatible with social work ideals that are concerned with social justice at a societal as well as an individual level. As a private practitioner, although third parties subsidised many of my clients, I felt uneasy that I provided a service only to those people who could afford

---

<sup>1</sup> The University of Canterbury is located in Christchurch, in the South Island of Aotearoa/New Zealand. Christchurch is the country's third largest city with approximately 309 000 inhabitants (New Zealand. Statistics NZ, 1996).

<sup>2</sup> From the Australia and New Zealand Association of Psychotherapists.

<sup>3</sup> The term "private practice" is most widely used, and well recognised, although some commentators question its appropriateness. New Zealand pioneer private practitioner Merv Hancock (1969) uses "independent practice" in preference.

it.

There did not appear to be any discussion of these identity and ideological questions in the New Zealand social work literature. I found no role model amongst the psychotherapists of my acquaintance who had a social work background, as they appeared to have repudiated their social work roots.

Then, in the early 1990s, it became apparent that many Christchurch social workers were leaving agency employment to enter private practice as counsellors, psychotherapists, and less frequently, as consultants with large organisations and welfare institutions.<sup>4</sup> I had to revise my sense of uniqueness as I realised I was clearly part of a trend, and was curious to discover what social changes might be involved in bringing this about.

The new entrants to the private practice domain were more visible to me as social workers, perhaps because some belonged to my cohort, and we had trained and discussed our radical social work views together during the early 1980s.

I wondered if my colleagues also experienced identity conflicts, and how they managed the issues that confronted them in private practice.

---

<sup>4</sup> There is no straightforward way of categorising social workers' employment in private practice. I will use the generic "counsellors" to refer to most respondents who used micro-skills with their client groups. Most respondents provided counselling for individual adults or couples. I also refer to "child therapist" (none of whom were members of the New Zealand Association of Child Psychotherapists), and "family therapists". I will use "psychotherapists" to refer to members of the New Zealand Association of Psychotherapists. These have undertaken education in psychodynamic psychotherapy, and in long term as well as short term psychotherapy. "Organisational consultants" are, by my definition, those respondents who worked with organisations and institutions on projects that did not primarily consist of psychological counselling. As will be shown in Chapter Seven (7.3.5), respondents currently used 16 different professional designations (titles). Some respondents used several designations at once, and they were often inconsistent in their use of these.

Preliminary discussions made it seem likely that there were multiple motivations for the transition. Some people, for example, said they had "always" wanted to work for themselves. More often they had found the restructuring of their former places of employment placed unsustainable demands on them. Others felt attracted by the possibility of greater autonomy or prestige.

I thought it likely that social workers entering private practice would face practical, professional, and ideological challenges, requiring adjustments to their values and practice. Informal discussion at professional meetings suggested that practitioners had not always considered these adjustments before making the transition.

In view of the lack of New Zealand research into this subject, and the subject's complexity, it appeared to be a suitable topic for investigation to doctoral level.

There was considerable overseas research, mostly conducted in the United States of America (USA), but this was almost exclusively quantitative.<sup>5</sup> It concerned the motivations of social workers for private practice, and the challenges facing them, but did not closely examine the contextual factors that precipitate the transition of social workers to this form of practice. Although the legitimacy of private practice as a social work pursuit was extensively debated, I was not able to locate research that explored the impact of ideological issues on individual private practitioners in depth.

It appeared that a qualitative approach would be most likely to enable me to discover new data, and contribute to theory. Consequently I decided to employ semi-structured interviews with social workers in full-time private practice. Chapter Three elaborates the methodological procedures, and the issues that arose from my choice of method.

---

<sup>5</sup> This will be summarised in Chapter Three.

## **1.2 Aims and Outcomes of the Research**

From the interests and considerations identified above, the following research questions emerged: I wanted to discover social workers' motivations for becoming private practitioners. I wanted to find out about the pragmatic, ideological, and other issues involved in entering and maintaining private practice, and the means that practitioners used to deal with the issues that arose. I planned to explore theory that explained the transition, and theory that was relevant to the identity, ideological, and other issues that might arise because of the transition.

The aims of the research included:

1. To discover the motivations of social workers who make a transition from salaried agency employment to private practice.
2. To gain knowledge regarding the issues facing New Zealand social workers in their entry to private practice.
3. To gain knowledge about the way in which practitioners manage these issues.
4. To discover if, and how, the transition to private practice impacts on the social work identity.
5. To discover if ideological dilemmas contribute to the challenges facing social workers in private practice, and if so, how practitioners manage these.
6. To explore and develop theoretical explanations of the research data.

I expected that the study would offer guidance to individual social workers contemplating private practice. I thought the results could contribute to policy developments in workplaces, particularly policies affecting the retention of agency based social workers. The results of the study could also inform social work associations and educational institutions about the concerns of private practitioners, and could offer guidance for future program development.

Further research, such as international and interdisciplinary comparative research, and research into the implications and impact of New Zealand's unique cultural make-up seemed a likely outcome.

### **1.3 Structure of the Thesis**

It is generally accepted that social work practice is oriented to both the individual, and to social systems. The social worker has simultaneous responsibilities to release and strengthen people's potential, and to increase the responsiveness of their environments so that this potential can be achieved. "Thus the distinguishing characteristic of social work—and hence a component of the social work identity—lies in its location at the interface where person and environment meet, and shape each other for good or for ill." (Germain, 1980: 3). Social work research is an aspect of, and guide to, practice, and must also address itself to this interface.

There were no overarching theories that adequately explained the data from both social (macro) and individual (micro) perspectives. Therefore I have attempted to reflect the tension that exists between these perspectives throughout the thesis by engaging with a plurality, rather than attempting a synthesis, of theories.

Pluralism in this context refers to

... an attitude to conflict which tries to reconcile differences without imposing a false resolution on them or losing sight of the unique value of each position. Hence, pluralism is *not* the same as 'multiplicity' or 'diversity'. Rather, pluralism is an attempt to hold unity and diversity in balance—humanity's age-old struggle, in religion, philosophy and politics, to hold the tension between the One and the Many. My use of the term 'pluralism' is also ... different from 'eclecticism' or 'synthesis'. ... the trademark of pluralism is competition and its way of life is bargaining.

(Samuels, 1995: 33)

This plurality is particularly evident in the next chapter, that consequently is somewhat discontinuous between its subsections. Chapter Two paints a broad picture of theoretical approaches that were relevant to the data. I review theories of professions, decision making, motivation, transition, value change, identity, and marginality. The final chapter develops these theories more selectively. I have adopted the approach of first setting a theoretical scene that is later developed and applied in the final chapter, because the recursive process of data analysis and theoretical coding that is synonymous with qualitative research means that the salience of

these more specific theories does not become evident until after the findings have been discussed.

In Chapter Three I discuss the qualitative research methodology that I employed, including grounded theory and narrative methods.<sup>6</sup> Because the subject matter of the research had personal relevance, as discussed earlier, and because I knew some of the respondents, I pay particular attention to considering the issues that arise around insider research. I also discuss how I dealt with potential difficulties that arise when research relies on respondents' self-reports.

There is no separate literature review. Because the relevant body of literature is large and disparate, I determined that the most useful approach was to discuss the literature where it becomes pertinent. However, in the chapter on methodology I do include a brief summary of previous quantitative and qualitative research into private practice social work.

Chapter Four highlights the historical and socio-economic context within which private practice social work has arisen. Firstly, I discuss its emergence in the United States, where private practice has occurred for about a century. This illustrates the consequences of private practice to the profession of social work over time. In New Zealand private practice social work is a more recent development, and because of this the meaning and effect of the transition for individual practitioners stand out more strongly. Commentators on the recent emergence of private practice in Great Britain and Australia support my contention that the socio-economic effects of post-Keynesian policies on welfare ideology are pertinent to the phenomenon of private practice social work.

The next six chapters, Five to Ten, explore the data obtained in interviews with the respondents. To preserve respondents' anonymity I do not present them as case studies, but arrange their commentaries under thematic headings. I provide demographic information as it becomes relevant.

In Chapter Five the respondents discuss their motivations for entering private practice. It becomes clear that they did not simply feel attracted to the perceived advantages of self employment, but had almost invariably experienced aversive workplace conditions that led them

---

<sup>6</sup> Explained in Chapter Three.



to consider this alternative. Workplace restructuring was a prominent source of aversive experiences.

In Chapter Six respondents tell stories about their early histories that they considered relevant to their move to private practice. I explore these by means of narrative analysis. The similarities of respondents' aggregate histories with my own surprised me, and further debunked the myth of my uniqueness. These similarities included the prevalence of immigrants, Roman Catholic backgrounds, business owning ancestry, and parents unable to understand or support educational pursuits. The respondents' prevailing sense of occupational and social marginality struck a chord with my experience.

Chapters Seven and Eight discuss the issues that emerged in the transition to private practice, and the effect private practice had on respondents' work. It emerged that there were significant gender differences in the experience of private practice. This finding led me to the work of feminist theoreticians and researchers.

I devote Chapter Nine to exploring the effects of private practice on respondents' health and well-being. Some were motivated to enter private practice by their search for improvement in these aspects. However, the consequences of the move varied, and some respondents, particularly women with small children, experienced much stress, whilst others benefited.

The final data chapter, Chapter Ten, considers identity issues and examines the role played by colleagues, supervisors, social work associations, and social work schools in the maintenance of the social work identity. Although many respondents overtly abandoned their social work identity, the "systems perspective", whereby social workers consider the person in the context of their environment, remained an enduring aspect of their approach to their work. This perspective did not, however, result in the application of a wide range of intervention methods. This was partly so because often only individual treatments were reimbursable.

Theoretical discussions and comparisons with other research are woven into the data chapters as they are relevant. The decision to engage in some theoretical discussion within these chapters frees me to be more selective in my approach to the material in the final chapter.

Whilst Chapter Eleven reviews some significant findings, its main purpose is to move beyond an exploratory approach, to a development of ideas about the significance of theories of narrative identity, marginality, and reflectivity, to social work practice. This development will have been foreshadowed throughout the preceding chapters and culminates here. I suggest that social work's location at the interface of social systems, places its practitioners in a strong position to claim their place as reflective social scientists.

## Chapter Two

### Theory

#### **2.1 Introduction and Chapter Overview**

As stated in the introduction to this thesis, social work research appropriately considers theoretical explanations and implications of its findings at both the macro and micro levels (1.3). At the macro level I wanted to understand the context of the transition of a *collective* of social workers into private practice and what this might mean for the profession as a whole. At the micro level I looked for theories that would help explain the motivations and meanings of the transition for the *individuals* who made the move.

These levels are not separate; there is an interplay and reciprocal influence of social movements on the one hand, and individual motivations on the other. However, it is difficult to account for all the relevant factors in a cohesive theory. Therefore, I have needed to draw on a variety of theories, including sociological and psychological ones, to help account for the findings of the research.

First, in section 2.2, I introduce systems theory and the commonly used term "systems perspective". This provides a general framework for my research. Applying a systems perspective encouraged me to recognise that, whilst many personal factors may motivate individuals to make changes in their working lives, they make their decisions in the context of, and in interaction with, their environment. This is a basic assumption that underpins social work theory and practice, the significance of which was strongly endorsed by the respondents to this research.

Whilst the systems perspective helped to remind me of the multifaceted nature of the influences on my respondents, it did not help to explain what took place. For this I needed to look to content theories.

At the level of the collective, I explored the literature about professions and their strategies for survival and expansion (2.3). Because social work's status as a profession is sometimes

disputed, I first address the question of definition.<sup>7</sup> Next I explain Abbott's theory of the professions. I devote considerable space to this, because Abbott considers professional work from a dynamic systems perspective, and because he considers the social work profession in his examination of the history of professions. I identify some shortcomings of his approach, particularly with respect to the absence of an analysis of the perpetuation of professional dominance. Abbott also fails to consider the place of the individual actor in the professional equation.

By this point in the chapter I too have devoted much space to considering macro professional issues. To take account of the individual actor who makes the transition to private practice, I must next turn to theories of decision making, motivations, and transitions. I do so in section 2.4.

In the introductory chapter I wrote of my interest in the effect that the transition to private practice may have on social work values and identity. In order to explore this more closely, it is necessary to establish the possibility and process of change in these, often considered relatively stable, constructs. In section 2.5.1 I discuss theories about value maintenance and value change. I suggest that not only may different members of a professional body hold different values, but individuals may hold internally inconsistent values. This possibility is supported in section 2.5.2 where I examine the concept of identity more closely. Recent thinking about identity considers this to be context dependent and multiplex rather than consistent and unitary.

In section 2.5.3 I discuss the theory of marginality in some depth. As I will explain in Chapter Three, I did not discover that this theory would be significant to my research until it emerged as a core category following grounded theory analysis and narrative analysis of the data. The theory of marginality provides a bridge between macro and micro theories, because it concerns the relationship in which individuals (and groups) stand to social systems (or fields) and to the boundaries of systems.

---

<sup>7</sup> There has been debate in New Zealand about the value of professionalisation to social work and its clients. Some consider that social work should not pursue the trappings of professionalism because this will draw energy away from the central concern with client and social justice issues. Others dispute this. At least in part as a consequence of this debate, the New Zealand Association of Social Workers' criteria for membership consist of competency, rather than qualification standards. In Chapter Four (4.3.1) I will briefly refer to this debate, however, the relevance of theories of professions to my research remains substantially unaffected by it.

Finally, I make some brief conclusions (2.6).

## **2.2 *The Systems Perspective***

Systems theory became prominent in sociology in the 1950s and 1960s, and in social work during the 1960s. It developed out of ideas in biology and the physical sciences that noted the dynamic interdependence of components of organisms with structures in their environments. The analogy between societies and biological organisms had already been drawn during the nineteenth century, by social theorists such as Herbert Spencer, William Graham Sumner, and Lester Ward. Their theories are loosely referred to as Social Darwinism. Leighninger (1977) suggests systems theory is also indebted to the new field of cybernetics that developed after the Second World War, and concerns the self-regulating functions of computers and servo-mechanisms.

Buckley (1967) defines a system as "... a complex of elements or components directly or indirectly related in a causal network, such that each component is related to at least some others in a more or less stable way within a particular period of time." (quoted in Anderson & Carter, 1974: 7). Germain (1978: 536) stresses that "... a system is a set of interacting parts contained within a boundary."

The sociologist Talcott Parsons conceived of social systems as problem solving systems. As they respond to their internal and external environments, all systems must meet four functional imperatives to survive. These are adaptation, goal-attainment, integration, and pattern-maintenance (Abercrombie, Hill & Turner, 1988: 249-250).

Systems theory appears to have fallen into disfavour amongst sociologists, for reasons that include its emphasis on adaptation and equilibration rather than conflict. Its ideas have been associated with those of the functionalist school (Abercrombie et al., 1988).

Social work's interest in systems theory focuses on achieving an understanding of the interrelationship between the environment and individuals. For example, social workers may use ideas about the relative permeability or impermeability of system boundaries to assess the

functioning of individuals and social groups, including families and work teams. The idea is that a social system needs to have permeable boundaries that will permit the exchange of information and energy with its environment, yet these boundaries need to be sufficiently firm to differentiate the system from the environment, and lend it cohesion. Other concepts include that of the feedback loop, which refers to the way in which information is processed, measured, and compared against goals, leading to "multistaged mediating processes", as behaviour is adapted in the light of feedback about likely goal attainment.

The ecological systems perspective that has been especially popular amongst family therapists, emphasises that successful goal attainment is dependent in part on the ability of individuals and families to utilise the resources available in the environment, and on the environment's responsiveness to the needs of people. Whilst the developmental stages and transitional issues encountered by families and individuals influence their choice of goals, and aid or hinder their ability to use environmental resources, political, social, and cultural factors also control the distribution of these resources. Although systems strive to maintain dynamic equilibrium, it is recognised that human systems are not static, but ever changing (Compton & Galaway, 1994; Germain, 1978; Rodway & Trute, 1993).

Within their systems individuals and social groups are assigned and adopt roles that are subject to certain expectations of behaviours and attitudes. An example is the role of mother. A role may be complementary or in conflict with other roles held by the individual, for example, with the role of professional, or with roles held by others in the system. One's interpretation of a role's requirements may be congruent or incongruent with the interpretations of others (Compton & Galaway, 1994).

Systems theory recognises that social workers, as observers and as change agents,<sup>8</sup> become part

---

<sup>8</sup> Pincus and Minahan (1973) suggest that the people with whom social workers interact when they practise can be categorised into four systems. These are the client system (the system that is seeking, or has been identified as needing, assistance); the change agent system (the worker and the agency that employs him or her); the target system (the system that is identified as needing to change); and the action system (those who co-operate in bringing about the change). Compton and Galaway (1994) add a further two systems. The professional system refers to the culture of the profession that influences the worker through the professional association, the education system that prepared the worker, and the values and sanctions of the professional practice. The problem identification system refers to the system that brought the potential client to the attention of the worker.

of the system that is being assessed (Greif, 1986).

Leighninger (1977) suggests that systems theory has the potential to bring questions of power and control into focus, because it recognises that the social worker is an agent of social control. The power of employers and of political and economic factors to subvert social work goals can also be understood. However, he writes that in reality "Because of the stress on equilibrium that is part of the biological heritage of systems theory, the approach lends itself easily to conservative, status-quo, political positions." (Leighninger, 1977: 47).

Siporin (1980) points to the Marxist criticism that systems theory does not take into consideration that the incompatible class interests in capitalist society make macro system integration impossible (in Payne, 1991). Furthermore, as Leighninger suggests, systems theory may make little provision for the reality that change sometimes happens fast, rather than slowly, and that feedback sometimes amplifies deviance rather than reduces it (in Payne, 1991).

Critics of systems theory also point to its over-inclusiveness. It is not a content theory that explains, for example, why some systems maintain homeostasis, while others fail to do so, or how inter-system information passes across system boundaries. Deciding where the boundaries of systems are may be difficult, and we may assume things are actually related in a system when really they are not (Leighninger, 1978, in Payne, 1991). In the context of the current research, for example, social workers in private practice may have more in common with other private practice professionals than with other social workers. Women in private practice may have more in common with women in agency practice than with their male colleagues.

The use of the term "systems theory" poses problems for social workers who base their approach only loosely on the theories and hypotheses that emerge from ideas about systems in various disciplines. It has become common to avoid these difficulties by referring to a systems perspective, approach, or model (Anderson & Carter, 1974).

When social workers declare their adherence to a systems perspective they are often indicating little more than their belief that social interaction involves reciprocal interchanges between systems. This perspective recognises that changes in one system affect the functioning of other interrelated systems, and that changes, such as life transitions, that upset the adaptive balance,

cause stress. The systems perspective has found appeal amongst social workers, who frequently have to negotiate interaction between multiple parties and need to account for the impact of their interventions on macro- and micro-structures. It helps them to remember that the presenting client system is not necessarily the target system for their interventions, when the inequities of external social systems deprive people of the resources to attain their goals.

Although mindful of the criticisms of systems theory, I found a general orientation to systems thinking useful to my research. It alerted me to the reciprocal interplay of the motivations and interests of individual respondents and the social systems of which they are members. It warned me against the study of professions as single self contained units. In essence it helped me to maintain social work's focus on person and context and their interaction. This focus remains central throughout this chapter and the remainder of the thesis.

## **2.3 Professions**

### **2.3.1 In Search of Definition**

The literature on professions yielded helpful theoretical insights into the dynamics and consequences of the phenomenon of social work private practice. Before examining these theories, however, and to justify their use, it is necessary to address the debate about social work's status as a profession.

Social work has been described as a profession, a semi-profession, and an occupation in the process of professionalisation (Veeder, 1990). In 1915, at a National Conference of Charities and Corrections in the USA, social scientist Abraham Flexner said that social workers were not professionals because they were only mediating agents. He thought they were still valuable because they breathed life into professions that lacked a social perspective (Barretta-Herman, 1993; Germain, 1980).

Those who do not recognise social work as a full fledged profession usually appeal to trait theories of professions for an explanation of their opinion.

Trait theorists seek to identify the necessary attributes that would define an occupation as a



profession, based on the characteristics of the "ideal" professions of law, medicine and the clergy. To account for diversity amongst professions, Wilenski (1964) proposes a more developmental model of professionalisation to replace the static trait theory. Nevertheless, professionalisation theories continue to depend on the presumption of the eventual achievement of an ideal professional end state.

During the 1960s, power analyses unmasked the ideological basis of trait based definitions. It became recognised that dominant professions could lay claim to the title "profession", and that definition was intrinsically tied to power. Millerson (1964) attempts to avoid this by identifying only general traits such as organisation, education, and ethics.<sup>9</sup>

Some theorists have attempted to by-pass the question of definition altogether. For example, Freidson (1986) suggests it would be useful to look at how the idea of professionalism is used in practice. Parry and Parry's (1976) central question concerns the process by which some occupational groups come to be considered to have achieved professional status, and in the process become dominant over other occupational groups. Feminists examine the control of male over female-dominated professions (Abbott & Wallace, 1990b).

Nevertheless, there still appears to remain a place for definition as a tool for theorists who need to delimit their field of study. Paul Feyerabend suggests that there are other concepts that also refer to "... complex historical—anthropological phenomenon that are only imperfectly understood." He suggests that a "softer" approach to the definition of professions, rather than a rationalist approach, can meet the criticism of power analysts, and yet enable theorising to proceed (quoted in Brante, 1990: 79).

This approach is employed by Abbott (1988: 318), who defines the professions as "... somewhat exclusive groups of individuals applying somewhat abstract knowledge to particular cases." In his definition Abbott recognises the existence of an indeterminacy/technicality ratio,<sup>10</sup> but does not assign a ratio to a "true profession", asserting instead that "What matters is abstraction

---

<sup>9</sup> See Abbott (1988) for a thorough discussion of these considerations about definition.

<sup>10</sup> The importance of the indeterminacy/technicality ratio in the assignation of professional status was identified by Jamous and Peloille (1970).

effective enough to compete in a particular historical and social context ..." (Abbott, 1988: 9). Abbott's fundamental questions concern "... the evolution and interrelation of professions, and, more generally, the ways occupational groups control knowledge and skill." (Abbott, 1988: 8).

Social work meets the above criteria, and in his history of the professions Abbott includes a discussion of United States social work's dominance of private practice psychotherapy.

### 2.3.2 Abbott's Theory: The System of Professions

The notion that professions compete for jurisdiction over task areas is central to Abbott's (1988) theory. Task areas are claimed, won, and vacated, and this process causes disturbances that propagate through the system through "bump chains." Therefore we cannot examine the history of one profession in isolation from that of others. We must examine the move of New Zealand social workers into private practice in the context of the history, tasks, and strategies employed by other professions involved in the human relations and social welfare services. Relevant professions include psychologists, psychiatrists, psychotherapists, and counsellors in private practice, and fellow employees in social work's traditional agency settings.

Abbott identifies three acts of professional practice that form the cognitive structure of jurisdictional claims. These are: Claims to classify problems (diagnosis), to reason about problems (inference), and to treat problems. Professions contest jurisdiction over these acts in public, legal, and workplace domains.

The settlement of jurisdictional contests depends on internal and external factors. Internal factors relate to the relative internal strengths of the incumbent and of the challenging profession.

Aspects of internal strength include:

1. The development of new knowledge

For example, social workers developed knowledge in, and were able to claim jurisdiction over, the field of family therapy.

2. The level of abstraction of knowledge (indeterminacy)

Lack of abstraction may lead to routinisation and to calls for delegation of tasks, while excessive abstraction may lead, for example, to difficulties in the evaluation of results. As a consequence, disciplines may become interchangeable. This interchangeability is prevalent in the private practice of psychotherapy and counselling, and in organisational consultancy.

### 3. Cohesion of the identity of the profession

Cohesion allows the group to compete as a single unit. The strength of internal organisation is determined by formal and informal collegial association, and by the level of self-determination and control over training, ethics codes, and disciplinary procedures. Workplace factors, such as restructuring of professional departments, also affect cohesion.

As a general rule, incumbents are advantaged in jurisdictional contests by their prior position in the public, legal, and workplace arenas. The exception is when demand for a service increases rapidly and the rigid internal structure of the incumbent organisation prevents it from expanding to deal with the increase in work. This leaves the incumbent open to challenges to its jurisdiction.

Abbott warns that the claiming of diverse jurisdictional areas can lead to excessive abstraction of the cognitive structure that holds the jurisdictional areas together. This leads to vulnerability, and the possibility of "... specialisation within ... and diffusion into the common culture without." (Abbott, 1988: 88).

There are also sources of system disturbances that are external to the professional groups. These include technologies, organisation, natural facts, and cultural facts. Because natural and cultural facts tend to change only slowly, changes in technologies and organisation provide most new professional tasks and are also the major destroyers of professional work (Abbott, 1988). An example is the reliance of the social work profession on the welfare state for its existence. Changes in welfare policy and organisation have affected the social work profession, and have provided another impetus for expansion into the private practice market. This is discussed in Chapter Four.

Abbott theorises that the settlements of jurisdictional claims may take any of a range of forms, from full jurisdiction to subordination, final division of labour, sharing of an area of work, advisory control over certain aspects of the work, and division according to the nature of the

client. He considers that the last is often most important. In these settlements, the higher the status of the professionals, the higher the status and financial resources of their clients. Client based settlements are often maintained by hidden mechanisms, most common of which are pricing, and the construction of referral networks that screen clients according to their social status.

The development of peripheral task areas may lead to changes in the boundaries and identity of the profession. Abbott states that such developments rarely lead to formal division because continued affiliation to the larger professional body generally has political advantages. Dual certification or joint membership in a common speciality association is more common.

Intra-professional differentiation and the creation of specialisms, leads to internal differences and inequalities in prestige, locations of work, and access to professional power by the members of a previously more unified profession (Abbott, 1988).

The main contributions of Abbott's model to my thesis include the recognition of the significance of inter- as well as intra-professional relations, and the recognition that internal structure is only one amongst many factors that determine the strength of jurisdictional claims. This model recognises the significance of external factors such as social forces and cultural changes, and avoids linear developmental theories. The model also challenges the notion of "long run equilibrium in the professional world." Abbott recognises instead that tasks and jurisdictions are continually changing. This questions the assumption that professions are static entities, and encourages a dynamic exploration (Abbott, 1988: 90-91).

### 2.3.3 Professions and Power

Drawbacks of Abbott's model include his emphasis on equilibration and his analysis that professional power is unsuccessful in the long run. He considers that the power of individual professions is severely restricted by other professions, clients, and the state. Whilst he makes some mention of the strategic alliances of elite professions with class interests, he makes no mention of the long-run constraints imposed by class, gender, and race.

Other theorists have pointed to, and sought to explain, the persistence of power in dominant

professions. Pierre Bourdieu uses the concept of habitus to account for the perpetuation of social inequality. Those who have been socialised to the dominant habitus possess the requisite cultural capital to enable them to succeed in the education system. The education and professional system give the appearance of equality of opportunity, while in reality they examine cultural skills that are never really taught within them. Those in power control the form that culture takes, and are thus able to perpetuate their position (Bourdieu & Passeron 1990; Bourdieu & Wacquant, 1992; Harker, Mahar & Wilkes, 1990).

Bourdieu's theory has implications for the social work profession. If social workers are persistently marginalised, is this because they lack cultural capital? Are they doomed to perpetual subordination? In Chapter Eleven I will suggest there is an alternative to this position. By consciously employing a reflective position on the margins, we can validate the profession's unique perspective and claim the advantages of our expert knowledge of human systems. The theoretical background to this conclusion is presented under subheading 2.5.3.1 "Development of the Theory of Marginality."

Bourdieu's analysis also has application to issues of gender inequality in the workplace. I will examine this in the current chapter, under subheading 2.5.3.2 "Marginality and Gender in the Professions."

Returning to the shortcomings of Abbott's position, he does not discuss economics as an external factor affecting jurisdictional claims making and settlement. Marxist theorists, by contrast, conceive of power as the consequence of the class structure of societies, inseparable from economic relations. Neo-Marxists argue that the power of professionals will never equal that of the owners of capital and that the power of professionals is only allowed by capital when it serves the capitalist system (Macdonald, 1995).

Magali Larson (1977) examines how professions organise themselves to attain market power, and attempt to translate scarce resources of knowledge and skills into social and economic rewards. She perceives her ideas to derive from those of Marxism, although Macdonald (1995) suggests she owes much to Weber, who, while putting economic factors first, also recognises status groups that are based on social values and evaluation of relative status.

Larson states that professional ideology has an affinity with, but is subordinated to the dominant ideology of bourgeois societies.

The social worth of the educated individual, his greater social productivity, and the value of his time are asserted in relative and hierarchical terms: in a fusion of practical ability and moral superiority, the expert appears to be freer and more of a person than most others. Himself a choice victim of the subjective illusion, he is also, by his very existence and actions, an effective propagator of bourgeois individualism. It is along this crucial dimension that the ideology of profession and the "possessive individualism" of expertise work to sustain the dominant ideology.

(Larson, 1977: 225)

Concern with status prevents alliances with other workers and with clients. It also prevents unionisation of the workers themselves. Thus, concern with status becomes a trap for subordinate professions. The professional ideology promotes individualism, and compartmentalisation of roles and responsibilities. This indoctrination prevents politicisation of the professions, and of the problems they deal with. Thus professions are constrained by their own ideology to conform to an uncritical vision of society (Larson, 1977).

As a heterogeneous category of the occupational structure, professionals are, in general, only agents of power. Consciously and unconsciously, they spread the technocratic legitimations of the new structures of domination and inequality, contributing to their ideological convergence with other beliefs, aspirations, and illusions. The individual freedom and control which professionals enjoy in and out of work is in part a mask: for themselves as well as for less privileged others, it helps to conceal collective powerlessness, subordination, and complicity.

(Larson, 1977: 243)

Abbott and Wallace (1990b) and Larbalestier (1996) remind us that professions employ strategies to exercise power over clients as well as over subordinate professions. Foucault drew attention to the relationship between knowledge and power in professionals' dominance over their client groups, where knowledge becomes the power to define others (Craib, 1992; Foucault, 1970, 1973, 1978, 1980). Professions maintain their dominance over unorganised clients in part

through "... the production and maintenance of a body of esoteric knowledge ..." that requires interpretation by experts for its application (Turner, 1987: 140). "Over-training" draws a sense of trust from lay-people, and aids in the maintenance of dominance (Larson, 1977: 230).

Postmodernists analyse professional discourse for the way in which this structures the conceptual world, and perpetuates the professional power base (Abbott & Wallace, 1990a). Nancy Fraser (1989: 162) writes: "In welfare states needs talk has been institutionalised as a major vocabulary of political discourse." Certain needs may become politicised and become matters of generalised contestation, while others are de-politicised and personalised, or economised (Fraser, 1989). For example, recent New Zealand government rhetoric discourages challenges to the inequality in the distribution of wealth. Instead New Zealanders are persuaded to accept that "community care" and a "Code of Social and Family Responsibility"<sup>11</sup> will counteract a fiscal drain caused by "welfare dependency".

Expert needs discourses de-contextualise and re-contextualise needs. These are re-presented in abstraction from class, race, and gender specificity. The people whose needs become the subject of professional discourse become individual "cases" rather than members of social groups or participants in political movements (Fraser, 1989). A New Zealand example is the re-contextualisation, in the late 1980s and 1990s, of sexual abuse victims of crime, as "survivors" who were diagnosed and treated. What had been a potential gathering ground for feminist analysis of power in male—female relationships, to be pursued in women's collectives and self help groups, now became the province of individual therapy. Experts, increasingly social workers, provided the therapy, monitored by the bureaucratic employees of a state owned corporation, the Accident Compensation Corporation (ACC), under the rubric of care. Lorentzon (1990) suggests that the power of therapeutic "nurturance" may be obscured, because this is wielded by women dominated professions, and women are regarded as weak.

The monitoring of professional activities in private practice by third party purchaser's of services, such as ACC, suggests bureaucratisation. However, Freidson (1994) questions recent

---

<sup>11</sup> "The Code of Social and Family Responsibility" refers to a Government produced discussion document and questionnaire that was sent to all New Zealand households during 1998. This document came under criticism from many organisations that are concerned with social justice, for its perceived bias against welfare recipients and single parent families, and for its promotion of individual responsibility. Researchers and community organisations also commented on its inadequacies as a research tool.

contentions that there is significant de-professionalisation and bureaucratisation. He argues that the essential elements of professionalism are not disappearing but are taking a new hierarchical form in which front-line practitioners come under the control of the professional elite. He examines how professions maintain their autonomy over work, and "... avoid control by consumers in an open market, or by the functionaries of a centrally planned and administered firm or the state." (Freidson, 1994: 32). He suggests that professions actively and passively resist bureaucratisation.

Are social workers who move to private practice dupes for capitalism, and "New Right" policies? Psychotherapy and counselling are the main jobs carried out in private practice, and psychotherapeutic ideology has frequently encouraged de-politicisation through the compartmentalisation of individual internal functioning from macro-sociological analysis. The traditional model psychotherapist remains neutral.

Jungian analyst Andrew Samuels suggests this cynical view of the psychotherapists' role need not be correct, and frequently is not true in practice. He advocates that therapists should align themselves with marginal client groups and allow conscious politics to influence their practice. This requires them to set the development of clients' political selves on a par with the development of emotional, intellectual, and spiritual selves. To assist clients to discern not only what is internal, but also "... what is public about his or her private conflicts, anxieties, relationship problems." (Samuels, 1993: 66).

Freidson (1994) argues against perceiving professionalism as a mere conspiracy against would be workers or clients. He suggests that professional occupations provide their members with a sense of cohesion and community. They foster professional pride, encourage development, and prevent alienation from work. Professionals are enabled to develop a deep commitment to their work. This professional commitment, Freidson believes, results in a more benign and ethical use of knowledge and power, than would result from the alternative business or state control.

Freidson introduces the needs and experiences of the individual actor into the theoretical equation. The absence of this consideration was Keith Macdonald's main criticism of Abbott's thesis, and reflects a common criticism of systems theory. (See also Mishne, 1982.)



... the notion of a system of professions, even when linked to emphases on jurisdiction and professional work, is cut off from that aspect of sociological explanation that is at the heart of Weber's work, namely the meanings and motives of the actors.

(Macdonald, 1995: 17)

Freidson's and MacDonald's comments are a reminder of the reciprocal relationship between a profession's development and the individual needs, motives, and concerns of its members. In choosing to conduct my research through interviews, I implicitly endorsed their view. Therefore, I must now turn to an examination of theories that are relevant to the understanding of these individual concerns.

## **2.4 *Micro-Theoretical Perspectives***

Although I have headed this section "Micro Theoretical Perspectives" and I will concentrate on the theories that were helpful to me in understanding the transition to private practice from the perspective of individuals, it will soon become apparent that I believe macro and micro processes to be inextricably entwined. From a social work perspective, culture and economics are inseparable from internal individual processes.

This is reflected in Sloan's (1987) model of decision making that stresses the interaction of life history, personality, and social relations (2.4.1). Sloan values psychoanalytic concepts whilst also warning against the "privatisation of choices" that locates decision problems and their resolution in the individual.

Next I review psychological theories of motivation that are particularly relevant to the workplace (2.4.2). Whilst they are limited in their scope, these theories nevertheless provide some useful explanations of the choices that were made by the respondents in this research.

In section 2.4.3, I discuss Hayes and Hough's (1976) interactional model of career transitions, that considers these from a systems perspective, in which organisations and employees interact to facilitate or block boundary crossing. Nicholson and West (1989) emphasise that career transitions are not uncommon, and bring opportunities as well as losses.

### 2.4.1 Decision Making

Decision research is notoriously difficult to undertake. Some of the practical problems that relate to self reporting are explored in Chapter Three. Here I will confine myself to a discussion of Sloan's (1987) qualitative research into decision making processes, and his resultant life structural model. This model's multidimensionality makes it particularly appropriate to social work research.

Sloan interviewed 15 adult subjects for 70 hours. He discovered that people readily deceive themselves about the reasons for their decisions. They generally only refer to immediate and future aspects of the decision making process, and they give rational explanations constructed with hindsight. He concludes that life history, and personality or character, as well as social relations play a significant role in decision making. As purported by psychoanalytic theory, decisions frequently conform to repetitive stereotyped (repressed affectively charged) patterns, because to change patterns that don't work may appear more frightening and stressful than to continue them (Sloan, 1987).

Sloan emphasises the intersubjective interplay of context, personality, and life history.

...dilemmas are also constructed in a larger sociocultural matrix ... Dilemmas are to a large extent socially provided. They are appropriated by individuals whose experiences in family, school, friendships, and other social relations have predisposed them to "resonate" with the contradictions contained in popular dilemmas.

(Sloan, 1987: 97)

He warns against the "privatisation of choices"; against locating decision problems and their resolution in the individual. This, he cautions "... allows domination and oppression to continue unchallenged." (Sloan, 1987: 159). To subvert this domination, Sloan recommends we ask what we are not encouraged to make decisions about, what we are not encouraged to deliberate about, and to what extent our choices are constrained.

Sloan proposes the life-structural model to analyse the multiple factors that impact on decision making. The life structure refers to "... the current psycho-social totality of an individual", and

according to this model three overlapping dimensions of the person's approach to decision problems must be investigated:

1. Current involvement in relationships and roles, called "self-world transactions".
2. The degree to which individual potential is realised, given the constraints and opportunities of a particular set of activities. Skills, goals, wishes, ideals, fantasies, and conflicts are aspects of this dimension.
3. Mediations between a person's activities and his or her socio-cultural contexts, social movements, developments and class position (Sloan, 1987: 30).

Sloan's model encourages researchers to address their enquiries beyond the immediately apparent reasons for their subjects' decisions. This guided me to include questions pertaining to the above identified dimensions in the interview schedule (Appendix A.2). It encouraged me to investigate the relationship of current marital status, religious background, or psycho-social trauma to professional issues in my analysis of the research data.

#### 2.4.2 Motivation

There are various theories on human motivation that apply particularly to the workplace. Nineteenth century theorists thought that fear of punishment and anticipation of just rewards motivated workers. This view has shifted amongst modern management theorists.

Herzberg's (1966) well known research into motivation suggests that once "hygiene factors" such as work conditions, reasonable financial rewards, and relationships with peers and managers are provided for, people are motivated by the recognition that they receive for their work, the achievement of the work itself, advancement, growth and development, and increased responsibility. Recent research by Vinokur-Kaplan, Jayaratne and Chess (1994) into job satisfaction and retention of social workers in agency and private practice confirms Herzberg's theory.

Herzberg's theory is compatible with Maslow's (1954) theory of motivation, generally known as Maslow's Hierarchy of Needs. This hierarchy places needs on a continuum from physiological, safety, security, belonging, self-esteem, through to self actualisation.

Alderfer (1969) develops Maslow's theory, but identifies just three levels of needs. Existence needs refer to basic material and physiological needs. Relatedness needs refer to the need for social contacts and friendship. Growth needs refer to the need to use abilities to accomplish goals, be creative and productive, and develop to one's full potential. Alderfer does not assign the three levels to a strict hierarchy, where one level has to be met before another can be attained. He considers the satisfaction of lower level needs can sometimes compensate for lack of higher need satisfaction, and that several needs may be operating at one time for any individual.

McClelland (1961) focuses attention on the achievement motive in human behaviour. McClelland's research suggests the reverse of the commonly held belief that being motivated leads to achievement. Instead he finds that having the opportunity to achieve leads to becoming a more motivated being. McClelland identifies three categories of need that operate as motivators for individuals: The need for achievement, the need for affiliation, and the need for power.<sup>12</sup>

Psychoanalyst Joseph Lichtenberg's (1989) thesis is that there is a series of five innate motivational systems, each comprising distinct motivational and functional aspects. Each motivational system is a psychological entity, built around a fundamental need that is first observable (deducted from behaviour) in the neonatal period, and further supported by neurobiological research (Hadley, 1989). These five motivational systems are the need for psychic regulation of physiological requirements, the need for attachment and affiliation, the need for exploration and assertion, the need to react aversively through antagonism and withdrawal, and the need for sensual enjoyment and sexual excitement. From moment to moment any one motivational system may dominate (Lichtenberg, 1989). Lichtenberg's theory of motivational systems became pivotal during the narrative analysis of respondents' life stories, when motivational themes ran counter to expected gender patterns. This led to the re-discovery of the significance of marginality, as I will discuss in Chapter Six.

The above theorists closely relate individual need fulfilment and motivation. The salience of their theories will become apparent in Chapter Five, entitled "Motivations for Private Practice." More broadly, what shapes motivation is the intersubjective interplay of needs, expectations,

---

<sup>12</sup> See Rudman (1991) for a useful summary of these theoretical perspectives on motivation.

values, abilities, relationship and environmental factors, and political and socio-economic factors.

### 2.4.3 Transitions

A decision of magnitude, such as the decision to leave agency employment and enter private practice, is not an end-point, but part of a process of transition. Hopson and Adams (1976: 24) define a transition as "... a discontinuity in a person's life space of which he [or she] is aware and which requires new behavioural responses. Transitions may be macro, micro, predictable or unpredictable, entered into voluntarily or involuntarily."

Hayes and Hough (1976) propose an interactional model of career transition that is compatible with a systems perspective. They identify three phases in the relationship of the organisation and individual to career transitions. A fundamental concept is that career transitions involve boundary crossing; the movement to another role within or without an organisation. The attitudes of both organisation and individual toward the transition are significant.

Phase one is concerned with the general attitude towards boundary crossing of the organisation and of the individual. Organisations may sometimes actively discourage or encourage boundary crossing, by all or specific individuals at particular points in time. In the context of my research, the offering of voluntary redundancy packages is an example of encouragement to boundary crossing.

Individuals may seek change to provide challenge, higher pay, greater security, improved interpersonal relations, or to escape aversive work situations. Sloan (1987) suggests the last factor is more significant than often realised. Frequently the excitement that accompanies a transition stems as much from the relief of escape as from the anticipation of engagement in a new venture.

Phase two is concerned with the congruence or incongruence of the expectations of the organisation and the individual. Organisational blocking of an individual's boundary crossing, for instance through refusing to promote, may be intentional or unintentional. Individuals may feel satisfied not to move or fear moving because of risks to security, and the professional,

personal, and financial costs involved. On the other hand the organisation may push the unwilling individual to move, for example, by demanding he or she specialises, re-trains, or changes focus.

Phase three is concerned with the consequences of the transition process. Significant amongst these is identity strain. Identity strain occurs when the work situation is antipathetic to the individual's self-concept. The individual may then change self-concept, or attempt to change the role expectations, or, if neither option succeeds, withdraw from the situation.

Identity strain also results when there is a discrepancy between the individual's desire for boundary transition and the actual transition or non-transition. Not making a desired transition can cause shame, unless the obstacle to transition is circumstantial and affects others equally. If pushed to make a transition this can cause most strain. Various coping mechanisms to deal with blocked or forced transition and resultant identity strain include acceptance, ritualism (continuing with the form of the role only), rebellion, innovation (to prove potential), and withdrawal from the organisation (Hayes & Hough, 1976).

Hopson and Adams (1976) suggest that adjustment to any transition follows a predictable course, from immobilisation, minimisation, and depression, to acceptance of reality. Next the individual tests him or herself vis-à-vis the new situation, and seeks meanings for how things are different and why. Finally these new meanings are internalised and then incorporated into behaviour.

However, more recently such theories have been criticised for their emphasis on the pathological and distressing nature of transitions (Nicholson, 1990). When Hopson and Adams developed their theory, career transitions may have been more exceptional, but today they are relatively commonplace. Nicholson and West (1989) stress the recurrent nature of career transitions that, although they may be accompanied by losses, also bring opportunities and gains.

Nicholson's (1987) model of the transition cycle consists of four phases with accompanying tasks (Nicholson, 1987, 1990; Nicholson & West, 1988, 1989).

In the preparation phase the task is to achieve readiness for an impending transition. During this

phase people may be uncertain and fearful of the change. Nicholson suggests that during this time it is helpful to receive information about the new role. It is also helpful to have a realistic assessment of one's abilities to carry out the tasks that will be required.

Regardless of the level of preparation achieved, the encounter phase will bring new and unexpected experiences that must be met through sense-making exploration. The shock of the encounter stage can bring rejection of the change, or regret about it, and may result in defensive strategies. When transitions are excessively stressful in the early stages, the individual may decide to leave, depending on opportunities and constraints to doing so. Difficulties can be avoided by providing sufficient support and ensuring there is freedom to experiment with new roles.

The adjustment phase is the period in which the individual seeks to establish a harmonious relationship with his or her environment through accommodation and assimilation. Early success is important and performance feedback from supervisors and colleagues is helpful.

In the stabilisation phase the goals are to maintain performance and to optimise personal effectiveness. Continual adjustments are needed to maintain high performance. Performance reviews can assist, and can also aid in assessing when the time for the next preparation phase has arrived.<sup>13</sup>

Nicholson's (1984) theory of work transition suggests that adjustment to career transitions takes place along two dimensions. The dimension of personal change refers to identity changes and accompanying value and attitude changes that help the individual accommodate to the demands of the new role and achieve congruence with these. The dimension of role development refers to the changes brought about by the individual in work roles or contexts, in order to ensure these better suit him or herself (Nicholson, 1984; Nicholson & West, 1989).

Nicholson and West's (1989) research of 2300 managers found that individuals with higher growth needs and desire for control have a propensity towards role development. Those who are more anxious prior to a transition and have a high need for feedback are more likely to

---

<sup>13</sup> This is a positive view of performance reviews, but Nicholson and West (1989) also write that organisations tend to view reviews and counselling for job change as means of controlling employee behaviour.

experience personal identity change. Movement into high discretion roles favours role development, but not exclusively. Most often the two developments occur simultaneously.

Nicholson and West's (1989) study included a small number of respondents who had made a move to self-employment (N=20). Subsequent to their transition these subjects became less concerned about the predictability of their work, and less concerned about material rewards for their work. They also reported greater satisfaction with the fit between their work and private lives than other respondents. The number of self-employed respondents was too small to draw conclusions on the basis of this information.

The impact of career changes is affected by such factors as the magnitude and complexity of the change. However, Nicholson and West's research found that with sufficient support and resources, even radical change is a positive and manageable experience.

Self chosen or controllable transitions tend to be less stressful and more conducive to well-being, whereas downward status mobility tends to be the one kind of job change that has consistently negative outcomes (Nicholson & West, 1989; Latack, 1989). Gilbert (1990) also recognises the shame and depression that may result from loss of rank and consequent loss of roles. He stresses that rank and status are social concepts that can be understood only in the context of social interactions.

Van Maanen, Schein and Bailyn (1980) stress that individuals have differing experiences of apparently similar career events. They differentiate between the "external career" and the "internal career", explaining that individuals attach different meanings to similar events because of the uniqueness of the combination of forces that impinge on them at a given time. The internal career refers to individuals' own subjective ideas about work and their role in it. The external career refers to the realities, constraints, opportunities, and events that take place in the world of work.

Derr and Laurent (1989: 454-458) build on Van Maanen et al.'s theory to suggest that the nature of career dynamics is dialectical. They write that, whilst sociologists may stress that "careers make people" and psychologists that "people make careers", the reality is one of reciprocal influence. National and organisational culture affects both the internal and external career.



Lake and Lake (1976) draw attention beyond individual personality factors, to other aspects of the life pattern. These include current and historical family issues, intergenerational conflicts of life style, the position of women and children in the family, and health.

Latack's research also shows that the level of stress of career transitions is affected by the number of other transitions the individual experiences simultaneously. She finds that family and social networks can buffer or moderate the effects of a stressful work situation. However, managing home demands and role overload can also be taxing (Latack, 1989).

The above interactional models of transitions confirm the appropriateness of applying a systems perspective to the research, and of using Sloan's (1987) intersubjective life-structural model as an investigative tool.<sup>14</sup>

## ***2.5 Value Change, Plural Identities, and Reflective Marginality***

As I wrote in Chapter One, I was interested in how the move to private practice might impact on the values and identities of my respondents, and how this move by a number of social workers might affect the wider profession. The theories of transition that I discussed above suggest that role changes may indeed impact on identity, values, and attitudes, *and* that individuals may influence the shape of work roles, and thereby of professional practice (Derr & Laurent, 1989; Nicholson, 1990).

The next section examines theories about value change, and identity, that suggest that these are not stable entities; values may be inconsistent, identities may be multiple. Unconscious self deception and the selective use of narratives, help individuals to maintain a belief in the stability and cohesion of their value and identity positions.

Although context dependent, individuals are not solely at the mercy of their environments for the construction of their beliefs and values. Identity construction is the outcome of reflexive

---

<sup>14</sup> Used in the construction of the interview schedule (Appendix A.2).

interactions with the opportunities and constraints offered by their pre-dispositions, life history, and social, cultural and economic circumstances.

This idea is further developed when I discuss the theory of marginality. The concept of being a "stranger" or marginal to the dominant habitus pervaded the narratives of respondents. I explore theories that suggest that individuals who are conscious of their marginality may employ this as a vantage point that allows them to reflect on, rather than become absorbed by, the systems with which they stand in relationship. Later, in Chapter Eleven I will elaborate the potential contribution that the idea of reflectivity may make to social work systems thinking.

### 2.5.1 Value Change

A theoretical survey of values is necessary for several reasons. First, social work practice is value laden, and the social work identity is deeply rooted in its value base. Therefore I wanted to discover if my respondents perceived or displayed value changes resulting from their transition to private practice. Second, values are significant factors in motivation (Williams, 1979). They might therefore be implicated in the decision to enter private practice.

While theorists recognise the significance of values, difficulty in defining them hampers their study. Due to lack of definitional clarity, measures of values are often confused and mixed with measures of opinions, attitudes, beliefs, and other subjective feelings and cognitions (Yankelovich, 1994). Hechter suggests values are "... relatively general and durable internal criteria for evaluation." (Hechter, 1993: 3). Values are conscious, and able to be explicitly stated, even if unconscious motives, needs, and desires have played a part in their development (Williams, 1979).

For added clarification, some writers have contrasted values with preferences, norms and beliefs. On the whole values are more durable and general than preferences. Unlike norms, which are also durable and general, values do not require external sanction for their efficacy (Hechter, 1993). In contrast to beliefs, values are an amalgam of affective, conceptual, and imperative elements (Williams 1979: 43).

Innate needs, socialisation, and situational requirements all play a part in the formation of values.

"... for any individual, some values are selected biologically...., some are the by-product of the physical and institutional environments, and the rest are the by-product of personal history." (Hechter, 1993: 15).

To be adhered to, even internalised values require social approval or sanction from the social groups that are important to the individual. Societies, and social groups differ in their hierarchical ordering of values, and in the extent to which they adhere to values. They do not all expect the same values to apply to all their members, nor do all societies place an equal premium on consistency (Williams, 1979).

Williams reports on the analysis of data from a USA national survey that indicates social class is the most important single variable accounting for differences in patterns of values. The researchers found that, amongst the components of class, education was the most significant, followed by occupation. Income was not a significant variable once occupation and education were accounted for. There was a positive correlation between the level of education and respondents' emphasis of traditional professional values of originality, independence, and freedom.

The most change resistant values are those that are highly interconnected to other internal values, supported by many others in the social group, and upheld by institutional sanctions.

Values do change, although they rarely change abruptly and they are almost never destroyed. Existing values may become extended and elaborated, or by contrast, more specific to particular contexts, or limited in scope through confrontation with other values (Williams, 1979).

Williams (1979) writes that values have become more explicit in the last half century. This may highlight internal inconsistencies amongst values or between values and behaviours, or it may highlight external inconsistencies with the values of an important social reference group. The wish to resolve such inconsistencies may result in value change.

Similarly, Rockeach (1979a) suggests that a state of self-dissatisfaction causes value change. This state arises when the individual develops a new self-concept, and then becomes increasingly aware that significant values, and related attitudes and behaviours no longer fit.

Lasting and significant socio-cultural changes also lead to value changes. Yankelovich (1994) recognised that changes in the economy have significantly reshaped values, not only in the USA but in other advanced industrial democracies.<sup>15</sup> He points to rapid advances in technology, the end of the cold war, and the troubled welfare state, but says that what stands out most clearly are changes in the experience of relative affluence.

There are three stages in the "affluence effect." During stage one, while affluence increases after World War II, there is still much doubt that this will continue. There is a sharp discontinuity at stage two, with a marked increase in confidence, even though affluence continues to rise at the same slow rate. This happened in the USA during the 1970s and 1980s with attendant reshaping of values, away from conservative, family and materialistic values to a more intrinsic, self development orientation. In the 1990s the third stage emerged, when fear of loss of affluence also arose abruptly. As a result, people became disoriented and anxious. They grew apprehensive about jobs, income, and the future prospects for themselves and their children, and as a consequence they have become more conservative in outlook.

Yankelovich relates the changes in orientation caused by the affluence effect to Dahrendorf's (1979) theory that all historical shifts in Western culture are efforts to balance "choices and bonds". Choices enhance individual freedom, while bonds strengthen social ties and stability. There is a tension between bonds and choices, and Yankelovich suggests that more recently the relationship losses resulting from emphasis on choices have become more widely recognised. As a result, values are changing to take such concerns into account.

While it may appear that values change with pendulum like swings, this is a misconception according to Yankelovich, who stresses that value change is a dialectic and recursive developmental process (Yankelovich, 1994).

Ethical issues in social work concern issues around individual rights and the welfare of the user of the social work service, issues around public welfare, and issues around inequality, distributive justice, and structural oppression (Banks, 1995). While these values may be

---

<sup>15</sup> Yankelovich suggests that these USA value changes precede those in other advanced industrial democracies by 5-10 years.

considered fundamental, they too are subject to change, and vulnerable to global socio-cultural and economic factors.

Banks (1995) traces changes in social work value orientations over time, from a focus on the rights and interests of individual users during the 1960s and 1970s, to an increase in awareness during the 1970s and 1980s that treating individuals and personal problems obscured structural inequalities in society. During the 1980s and 1990s there has been an increasing influence from "New Right" ideology. New Right ideology has led to a growth in privatisation and contracting out of services, an emphasis on individual and family responsibility, and an accompanying diminishment of the role of the welfare state (Banks, 1995).

The supra-ordinance of the current business ethos is reflected in changes in ethical codes. For example, in 1990 the (USA) National Association of Social Workers (NASW) revised its code, following an inquiry by the United States Federal Trade Commission concerning possible "restraints of trade." As a result, the Association lifted its prohibitions on the solicitation of clients from colleagues or one's agency, and changed the wording relating to the acceptance of payments for making referrals (Reamer, 1995).

While the basic principles of ethical codes such as those of NASW, the British Association of Social Workers (BASW), and the New Zealand Association of Social Workers (NZASW) are broadly deontological and Kantian in their concern with individual rights, there are internal inconsistencies, as pointed out by Jordan (1991). Jordan claims that the Kantian concern with respect for the person, user self determination, and confidentiality, conflicts with concern for structural oppression (in Banks, 1995). Other inconsistencies arise between knowledge base and values. Reamer (1995) points to the incompatibility of such popular determinist practice models as psychodynamic and behaviourist theories with individual freedom and self-determination. He says there has been a lack of dialogue or attempt to integrate the relationship between knowledge and values.

Such inconsistencies increase room for divergent and conflicting interpretations of ethical codes by intra-professional factions, and contribute to the loss of cohesive professional identity. Connor and Becker (1979) hypothesise that the greater the value differences amongst parties, the less accurate their communication will be, the more frequently they will experience conflict, and

the harder this will be to resolve.

The above theoretical perspectives suggest it is important to determine the professional reference groups of social workers in private practice, as these may influence value maintenance and change. I needed to ask with whom private practitioners associate, and who are their authority figures, supervisors, and role models. What values do these significant others promulgate? Yankelovich (1994) and Banks' (1995) theories also reinforce the importance of considering the cultural context in which private practice is able to emerge.

Williams' (1979) reminder that values are factors in motivation, alerted me to the, seemingly improbable, possibility that social work values are implicated in respondents' decision to enter private practice.

Whilst the above discussion clarifies that values change, and how they may do so, it does not explain clearly how individuals can continue to hold incompatible values, and avoid overt conflict between them. Individuals may maintain incompatible values by employing selective denial, and by holding multiple, context dependent identities, that they narrate from different value perspectives. The idea of context dependence emerges more strongly in the following discussion on identity.

### 2.5.2 Plural Identities

If social workers, or private practitioners, are to be able to define their competencies and successfully claim jurisdiction over task areas, they must have a sense of professional identity (Germain, 1980). Therefore questions of identity are central to my research: What was the respondents' professional identity prior to private practice? Did the respondents' decisions to enter private practice, and the consequent transitions, result in identity confusion or change? How might identity maintenance or change affect respondents' positions in the occupational market place?

My examination of questions of identity has led me to adopt a theoretical perspective that rests on two main premises. The first premise is that identity is not only changeable, but plural and

context dependent.<sup>16</sup> The second is that despite plurality and context dependence the individual is not condemned to exist as a passive fragmented respondent to multiple images in a chaotic world. A sense of cohesion and agency is achieved through the development of a reflexive stance, which evolves in interrelationship between self and other, mediated through narrative.

Self and identity were the subject of theoretical debate at least from the time of early Greek writings. Definitional problems beset these terms. Sometimes they are considered interchangeable, other times they are considered separately, usually with identity being the more role and behaviour oriented aspect. In the context of this discussion, identity refers to the sense of "who one is." Meares and Grose (1978: 336-337) write that " 'Identity' is a central reference determining social behaviour. It includes name, individual attributes, values, roles, and codes of behaviour."

Gergen (1971) seeks to emphasise the influence of context on identity. He discusses Chad and Gordon's (1968) research on identity in which they found people describe themselves first by membership of various formal and informal groups, including gender, race, kinship, occupational, political, or social status groups. These categories locate the individual in the social network.

Next people describe themselves in conceptual terms that are more personal in nature. These include specific physical attributes, ways of relating to others, psychological characteristics, intellectual consensus, feelings of competence, sense of moral worth, sense of self-determination, personal taste, and others' feeling toward them. These attributes single the individual out in the social group.

Gergen (1971) also refers to Block (1952), who showed more than 50% of responses to questions about identity are situation specific, thereby again highlighting the concept's context dependence.

---

<sup>16</sup> Somers (1994) recommends that we introduce the dimensions of time, place and relationality into the core conception of identity, in order to remind us of its context dependence, and in order to destabilise our tendency to categorise. I will elaborate her theory in Chapter Eleven, where I will use it as a means of drawing together some of the significant themes that have emerged in the thesis. Here, however, my main aim is to develop the concept of reflexive identity.

Many writers have raised the concern that it has become more difficult to maintain a sense of identity or self in the late twentieth century. Sloan (1987) believes this is a result of workplace demands that place the needs of employers before the needs of employees. Forced transitions, such as re-locations, and seemingly voluntary but institutionally supported aspects of modern employment, such as frequent job changes, are attributed to personal growth. This obscures the reality that they only serve the interests of employers who want to "... have the most effective individual in the right place at the right time." In the process, individuals lose seniority, security, and social networks (Sloan, 1987: 155). "...making a living today requires an exchange of 'self' for 'money.'" (Sloan, 1987: 159).

Pahl (1995) suggests that the condition of late modernity makes it difficult for individuals to find social co-ordinates to help centre their sense of self identity. Multiple changes and constant flux in frameworks and roles create considerable anxiety.

Postmodernists commonly contend that the existence of a core identity has become untenable, instead viewing the self as "a tissue of contingencies" (Rorty, in Smith, 1996: 106). Gergen (1971, 1991) suggests that a multiplex of identities arises as a consequence of the saturation of the self by multiple images portrayed by media, and due to proximity and frequent communication with others. These frequent social impingements allow no time to process and integrate experiences and responses into an internally consistent whole.

As social saturation proceeds we become pastiches, imitative assemblages of each other. In memory we carry others' patterns of being with us. If the conditions are favorable, we can place these patterns into action. Each of us becomes the other, a representative, or a replacement.

(Gergen, 1991: 71)

Whilst it is relatively new to think of identity as fragmented, to think of it as plural and socially mediated is not. William James (1890) said that "A man .... has as many social selves as there are distinct groups of persons about whose opinion he cares." (quoted in Snyder, 1986: 7).

Symbolic interactionists Cooley (1902) and Mead (1934) also recognised the influence of interactions with, and judgements of others on identity. They discussed how the person's identity



comes to reflect the views of those around them. We are most affected by appraisals from others who are significant to us, have credibility and seem unbiased yet positive in their assessment of us (in Gergen, 1971).

Weinstein coined the term "altercasting" to refer to the reciprocal process of role playing, in which we are cast into specific roles or identities by those around us (in Gergen, 1971: 82). We come to believe in the roles we play, and identities we aspire to, especially if these are rewarded by others. Gergen (1971) suggests that a possible explanation of this is found in memory scanning; the process by which we draw on aspects of our history to weave narratives to back up our current role playing, and to reduce dissonance.

Gergen (1971) further suggests that people with inconsistent self views might be more susceptible to social comparison. While they can develop internal standards over time, this has a drawback in that the capacity to adapt may decrease as a result.

Vulnerability to self alienation may be the price and inherent consequence of adaptability to the modern social environment. Gergen says it has become "... virtually impossible to bind our behavior to a limited set of self-conceptions." (Gergen, 1971: 90), and this causes "multiphrenia"; the splitting of the self into a multiplicity of self investments in roles such as professional (manager, social worker, public servant, business person), friend, and partner (Gergen, 1991: 73-74). He suggests that the resultant surfeit of competing responsibilities raises self-doubt and anxiety.

Gergen says we have moved from the stage of the self as an individual and relatively immutable reality, to the stage of the relational self. Individual autonomy gives way to "immersed interdependence", in which it is relationships that construct the self (Gergen, 1991: 147). He believes there may be a way forward through relational realities, that enables the self to be not apart from the social world, nor pushed and pulled by it.

To explore this way forward more closely, I look towards the work of Gubrium and Holstein (1995), who suggest individuals are not simply influenced by their surroundings, but mediate media and other images with their own "symbolic work." They use "... features of the ordinary—locally shared meanings, biographical particulars, and material objects—for the

production of manifold selves with recognizable substantiality." (Gubrium & Holstein, 1995: 555-556).

In the course of everyday life, individuals adroitly construct selves using locally available and meaningful materials shaped to the specifications and demands of the interpretive task at hand. ... Self remains central to (but not centered within) daily life precisely because participants, in practice, continue to cast themselves and others as agents of ongoing activity.

(Gubrium & Holstein, 1995: 557)

Agency is not the centred source of action, but the product of an interactive reflexive process between selves, others and environment (Gubrium & Holstein, 1995).

Ricoeur contends that identity construction is largely a narrative enterprise. However, constructing cohesive narratives has become more difficult as rapid change requires frequent re-scripting. Traditional rites of passage have become lost, or are no longer adequate resources in the telling of stories (in Pahl, 1995).

Pahl (1995) suggests that, to deal with this increasing complexity we may develop multiple, mutually incompatible narratives, and engage in deception and denial to avoid the narrative plots from undermining one another.

Cohesion and continuity of identities are neither easily achieved nor consistently maintained. Giddens writes:

Self-identity today is a reflexive achievement. The narrative of self-identity has to be shaped, altered and reflexively sustained in relation to rapidly changing circumstances of social life, on a local and global scale ... Only if the person is able to develop an inner authenticity—a framework of basic trust by means of which the life span can be understood as a unity against the backdrop of shifting social events—can this be attained. A reflexively ordered narrative of self-identity provides the means of giving coherence to the finite life span, given external circumstances.

(Giddens, 1991: 215, quoted in Pahl, 1995: 120)

Pahl (1995) considers Giddens overly optimistic. He wonders if reflexive selves really cope any better with the confusion and ambiguities of the late twentieth century, under which even the most "successful" people find it difficult to maintain a sense of purposive self-identity.

### 2.5.3 Reflective Marginality

The significance of the theory of marginality became apparent during the analysis of my research data. This concept has the power to bridge micro and macro considerations, as it focuses on the interface of individual and habitus. It has particular relevance to the position of the social work profession in agencies and in transition to private practice, and to the positions of immigrants, women, and child carers in the professional and business worlds.

First I will provide an overview of the concept of marginality, particularly as it relates to Harman's (1988) development of Bourdieu's position that the conscious adoption of this position offers reflective opportunities for the social scientist.<sup>17</sup> Following this, I will discuss how theories of marginality have found application in discussions about gender in the professions. Also relevant are research into, and theories of, marginality and intra- and inter-professional communications, and marginality and value change during social work training.

#### 2.5.3.1 Development of the Theory of Marginality

The concept of "the stranger" emerges in the writings of Georg Simmel in 1908. Simmel's archetypal stranger comes from another land, perhaps as a Jewish merchant. He remains outside the group, yet also confronts it. He is present, yet not integrated, retains a home elsewhere, yet resides rather than merely passing through. The stranger offers benefits to the group, such as exotic goods, that are not obtainable from within the culture. By virtue of his outsider status, he

---

<sup>17</sup> Harman (1988) refers to reflectivity, a term coined by Mannheim in 1940. He states that "Reflectivity entails a 'continuing oversight' of looking to what one is not—a potential self as mirrored in other—rather than to what one is now. However, because of the circularity of any mode of interpretation, it is also clear that there is a strong interdependence between one's image of self and of other; and that this is made manifest by the use of and reading of externals in the expression of self." (Harman, 1988: 136). Bourdieu, however, refers to "reflexivity ... the systematic exploration of the 'unthought categories of thought which delimit the thinkable and predetermine the thought.' " (Bourdieu & Wacquant, 1992: 40).

is impartial and objective, and may function as a mediator or as a confidant to those unable to trust their intimates (Harman, 1988; Hendricks, 1982; Simmel, 1908).

The concept of the stranger evolved to include social and cultural marginality resulting from factors other than the crossing of physical distances (Buono & Kamm, 1983). More interactive theories of the stranger and the social system developed, that perceived the stranger in negotiation with the dominant culture.

It is appropriate to briefly digress, and more closely examine the concept of culture, as this is central to an understanding of marginality. Hendricks defines culture as

... symbolic resources. In sociology, culture is usually discussed in terms of its applications, e.g., as *beliefs* (orienting and justifying cognition) or *values* (orienting dispositions or attitudes) or *norms* (prescribing behavior more specifically). Typically, the individual's relationship to culture is mediated by the social system; groups sponsor and present us with these directives.

(Hendricks, 1982: 206-7)

Harman commends Bourdieu's (1977) concept of habitus as one that has the ability, more than culture, to convey the pervasive, almost physical nature of the group milieu.

[Habitus is] understood as a system of lasting, transposable dispositions which, integrating past experiences, functions at every moment as a matrix of *perceptions, appreciations, and actions* and makes possible the achievement of infinitely diversified tasks ...

(Bourdieu, 1977: 82-83, quoted in Harman, 1988: 108)

Until the stranger disrupts the taken for granted, this milieu remains invisible from within.

Schutz (1944) proposes that when the stranger and the new group encounter one another there is a "reflexive crisis." The taken for granted now requires reflective renegotiating (in Harman, 1988: 36). For the stranger, learning the language will not be enough, as values, beliefs and norms are encoded in more subtle symbolic texts. For the dominant group, the habitus becomes perceptible, and the familiar questionable, in the encounter with the stranger.

Schutz considers status inequality to be a consequence of the attempt to seek membership in a dominant culture. By contrast, Stonequist (1937) and Hughes (1945) think that the unequal status of marginals is an incentive for them to attempt to gain membership of dominant groups (in Harman, 1988).

Stonequist believes that "Marginal Man", in seeking admission to the dominant group, tends to be conformist and imitative. He also disputes Simmel's notion that marginals are objective, although not that they are critical.

... there is too much emotional tension underneath to make such an attitude easy of achievement. But he is skilful in noting the contradictions and the 'hypocrisies' in the dominant culture.

(Stonequist, 1937: 155, quoted in Harman, 1988: 23)

Stonequist suggests that marginals who are able to speak the language of both cultures can take a more positive, intermediary role. Like Simmel's stranger, but extended beyond business relationships, this marginal person can take a place as an intermediary in cultural relationships. To maintain this intermediary membership position, the person must remain oriented to the marginal position rather than be too eager to become an insider (in Harman, 1988).

Harman suggests that the stranger has now become the norm. The position of the self to the culture is under constant re-negotiation. The modern stranger, who is "outer directed" and adept at reading and mapping the symbols and nuances of habitus, is able to find a place "in between" (Harman, 1988: 98).

Remaining in between requires a consciousness of the marginal position, and a choice to remain so, by observing one's own position. Harman compares the *modus operandus* of the modern stranger to the reflexive stance of Bourdieu's observer, who is both part of, and apart from. "... trying to learn how to be a native speaker of one habitus, while trying not to forget how he has spoken in the past." (Harman, 1988: 120). "Bourdieu's observer has to have flirted with membership but not succumbed, not content with being a voyeur from a distance, nor to go native." (Harman, 1988: 112).

... the modern stranger is the professional navigator, the one who is perpetually situated "in between", who perpetually seeks to accomplish distance through membership and membership through distance ...

(Harman, 1988: 154)

It is the ongoing reflective process of renegotiating marginality and familiarity that characterises the marginal person's social place. "It is only the *boundaries* between everywhere and somewhere that are mapworthy. What maps do is to chart out differences in the midst of sameness; to mark the spaces 'in between'." (Harman, 1988: 100).

Are respondents who enter private practice seeking to escape a marginal position? Are they marginalised by incumbents once they have made their transition? In Chapter Eleven I will consider the findings of my research that show the significance of the theme of marginality. I will discuss how the concept of reflective marginality can be developed into a model of reflective social work practice.<sup>18</sup> To support my position, I will explain and draw on the reflective practice theory of Schön (1983), and its application to the social work field by writers such as Fook (1996), and Gould and Taylor (1996). Further discussion of these theories will appear in Chapter Eleven, where, following the chapters on findings, their relevance will be more salient.

#### 2.5.3.2 Marginality and Gender in the Professions

Some individuals are disadvantaged in their attempts to map the boundaries of habitus, by virtue of their class, gender, race and other determinants of cultural capital. Hughes (1945) suggests that a candidate for a role may meet formal requirements, but not the complex of auxiliary requirements for the status. These covert requirements are supported by reflected expectations and informal codes (in Buono & Kamm, 1983: 1130).

Atkinson and Delamont (1995) refer to Johnson's (1972) and Freidson's (1986, 1994) interests in the linking of issues of power, knowledge, and control. According to Atkinson and Delamont,

women are marginalised in the professions because they have not been socialised to the dominant discourse of male professions. They are thereby judged to lack essential indeterminate performance skills. These skills are never explicitly taught; mastery of the habitus is considered a matter of natural talent, and personality. They agree with Bourdieu, that the concept of innate mastery of the habitus perpetuates a symbolic violence.<sup>19</sup>

It is possible to extend this argument from intra- to inter-professional relations. Female dominated professions, such as social work, are considered to lack indeterminacy, and are therefore judged to lack the essential abundance of a quality essential to being a full fledged profession. The perspective from which this judgement is made is not an "objective" standard, but that of the male professional habitus.

Buono and Kamm (1983), in a discussion of women in management, suggest that women may experience severe stress as they attempt to join a new group, and experience the uncertainty, and unpredictable acceptance, of the marginal condition. Women who are, for example, balancing the dual role of motherhood and management (or private practice) may not have the extra energy required to deal effectively with the challenges of marginality that they face in their employment.

In her address on the marginalisation of New Zealand women at the 1991 NZASW Conference, Phillida Bunkle claimed that when some women do attain occupational status they do so because they have been relatively able to conform to the expectations of the male habitus. The achievements of these women reinforce the idea of innate and gender-free mastery.

These women have benefited from the new inequality. ... But by and large women are to be allowed to enter the market in as far as they are willing to impersonate men, and conform to the male life cycle. ... They are there mostly through class privilege, and their successes have been used to give the idea that women have made gains. But we must not lose sight of the fact that most women's jobs have gotten worse and worse, and the feminisation of poverty more pronounced. Even privileged women are usually only one divorce away from being

---

<sup>18</sup> I refer to reflective rather than reflexive practice, because this is the terminology used by the social work theoreticians whose work I draw on to explicate my ideas in Chapter Eleven.

<sup>19</sup> Bourdieu's theory of symbolic violence does not require deliberate or conscious activity on the part of the powerful for the perpetuation of inequalities (Bourdieu & Wacquant, 1992).

precipitated abruptly into the world of casual work and chronic insecurity at any moment.

(Bunkle, 1991: 11-12)

### 2.5.3.3 Marginality and Intra- and Inter-professional Communication

Weimann (1982) suggests that marginality has structural benefits, and that "marginals" play a significant role in social change. Because of their position on the boundaries of social groups, they facilitate the transmission of information that would otherwise remain encapsulated within these groups.

Weimann (1982) conducted research to investigate the application of Granovetter's (1973) "Strength of Weak Ties" theory to marginals. Granovetter's theory suggests that weak social network ties serve as crucial pathways for information flow between groups and cliques.

Weimann found that marginals make more use of the advantages of weak relationship ties, and that they have a tendency to intransitivity (where transitivity is the tendency for ones' friends to be friends with one another also). He discovered that while information flow from marginals is slow, and they are not active in the intra-group flow of information, they are active in inter-group flow, both as receivers and transmitters. The inter-group information flow is horizontal, from marginal to marginal, and while they impart information, marginals are not influential amongst the intra-group membership.

Marginals are "scouts". They adopt certain innovations more quickly than others (Weimann 1982: 772). They are the pioneer adopters of innovations that have low adaptive potential, or are socially "risky." Weimann suggests this may be because their lower status means they have less to lose. They rely less on external guidance and advice and more on personal preference and their own judgement. Weimann cites Barnett (1953) who suggested that innovators are true marginals; deviants whose non-conformism allows them to more readily adopt unconventional ideas.

Weimann's theory raises the possibility that, over time, the transition of a small group of social work trained professionals to private practice, may lead to changes to the common social work culture, and to the private practice culture. It is important to study this phenomenon, even while



the number that has made the transition is small.

One should not rule minority views within a profession out of bounds, or "unprofessional," because schools of thought and accepted practices shift in prominence and change over time. If one rules out minority views, one often loses the capacity to trace the many informal and unofficial ways by which segments of professional knowledge influence human affairs and professions themselves change.

(Freidson, 1994: 36)

#### 2.5.3.4 Marginality, Value Change, and Social Work Socialisation

By contrast, Enoch's (1989) marginals are conformists.

Enoch refers to social work as "... a marginal profession, ranking between a white-collar occupation and a fullfledged profession." (Enoch, 1989: 219).—We can now question such rankings of the social work occupation, considering my earlier discussion of criticism of trait theory and Atkinson and Delamont's (1995) theories of gender marginalisation in the professions. Lorentzon (1990) also suggests that prevailing social work ideology is not necessarily weak or semi-professional, but different from traditional professions.

Enoch found that students at the School of Social Work at Tel Aviv University came from a lower socio-economic background than those who chose other academic fields. He then examined the socialisation patterns of the social work students against the following hypotheses derived from "Marginal Man Theory".

Goldberg (1941) and later Slotkin (1943) and Glovensky (1952) suggest that groups of people who face a marginal situation may avoid the frustrations of their marginalisation by forming an alternative marginal culture (in Enoch, 1989).

By contrast Gist and Dworkin (1972) suggest that members of a marginal group are most likely to adopt the values of a dominant group in the society. They do so in an attempt to become assimilated into the dominant culture and thereby lose their marginal status (in Enoch 1989:

221).

Enoch's research indicates that, during their student years, social workers' values do indeed shift to become more like those of other social science students, as predicted by Gist and Dworkin. He found a decrease in socialistic attitude, and in the desire to help people and improve society. He found an increase in the desire for professional independence and for managing people.

... the influence of the faculty may at most be described as contributing to the retention of core values by counteracting the effect of the general attitude climate at the university, as represented by the social science students.

(Enoch, 1989: 232)

The students already subscribed to these core values when they entered the university.

When they left the university the shift in the students' values was reversed, as they adopted the value system of their colleagues and superiors, who were all social workers. They then became part of the marginal culture, as suggested by Goldberg, Slotkin, and Golovenski's theories.

It seems unlikely that Enoch's analysis that the students' values change reversed, is correct, in view of the more complex and dialectic processes of value change proposed by theorists such as Yankelovich (1994), as discussed earlier in subsection 2.4.3.

How significant to the students' value shift was the position of inferiority that they may have perceived their faculty role models occupying? Was the unconscious teaching of the faculty more powerful than the overt teaching? The Tel Aviv School of Social Work is part of the faculty of social sciences, with the head of the school subordinated to the school of social sciences. Enoch reports that close to 50% of the teaching staff at the school lack the credentials of other departments.

By contrast the Department of Social Work at Canterbury University in Christchurch, where the majority of my respondents were educated, exists as a separate department alongside other social sciences. It became independent from the Department of Sociology in 1983. A Chair of Social Work was established in 1997.

Enoch's findings and theory of conformity to dominant subcultures may explain why there has been a significant movement of psychiatric social workers to private practice (see Chapter Four). Social workers who work in teams with non-social workers may be influenced by the value perspectives of their higher status colleagues, and these values may be more compatible with private enterprise.

The conflicting images of marginality that have emerged in this discussion indicate that there is not a single marginal position, and that this is not a condition all individuals respond to in the same way. Enoch's respondents were students, and therefore probably in the beginning phase of their professional development. Time, maturity, experience, and the processing of repeated status conflicts may eventually lead to a more reflective and less conformist mode.

## **2.6 Summary and Conclusion**

The theories I have discussed in this chapter collectively enabled me to remain cognisant of the interplay of individual and socio-cultural factors in the motivations and experiences of respondents in transition to private practice.

In section 2.2 of the chapter I explicate systems theory and how this is used in social work. I explain how a general orientation to systems thinking helps orient the thesis to the interrelationship of the motivations and interests of individual respondents and social structures. Respondents strongly endorsed this orientation. I discuss some of the criticisms that have been made of systems theory, such as its emphasis on equilibrium.

Section 2.3 contained a discussion of relevant theory about professions.

Abbott (1988) emphasises the centrality of professional competition for jurisdiction over task areas. When professions settle jurisdictional claims, these settlements effect changes that propagate through the interconnected system of professions. In the following chapters Abbott's theory helps to explain how social workers have found a niche in the private practice market, and points to the difficulties the profession may meet as a result of diversification and specialisation.

Other theorists draw attention to enduring power issues and imbalances that are particularly relevant to the study of a traditionally subordinated female profession such as social work. Larson (1977) emphasises the role of economics and class structure. She explains how the prevalent professional ethos of individualism de-politicises the professional worker, and prevents challenges to the distribution of power and resources. Larson's concerns, and those of Fraser (1989) who examines how professional rhetoric exerts power over clients, are particularly pertinent in view of social work's avowed adherence to values of equity and empowerment.

Andrew Samuels (1993) suggests therapists should counteract dominant class interests by aligning themselves with marginal client groups and by allowing conscious politics to influence their practice. They should allow the development of clients' political selves to share equal priority with the development of their emotional, intellectual and spiritual selves. In Chapter Ten I explore the views of social work trained private practitioners on the place of politics in their work.

Freidson (1994) counter-balances what has become a critical analysis of the professions, with a reminder that people seek stability in a world of constant change. Professions offer such stability and the possibility of engaging in non-alienated work. Professionals are not motivated by a desire to control their clientele or colleagues, but to control their work environment and achieve occupational stability.

In section 2.4 I concentrated on theoretical perspectives that aided my understanding of respondents as individuals. These included theories of decision making, motivations, and transition processes.

Sloan (1987) developed the life-structural model to take account of both individual and contextual factors in decision making. I used his model as a guide to the construction of my interview schedule, and to help me retain a multidimensional focus in the analysis of data.

While Sloan has regard for the experiential meaning of transitions to individuals, he warns against individualising the factors that lead to them. He stresses that individualising decision problems hides social oppression, and allows it to continue. Sloan's perspective suggests that the transition of social work trained professionals to private practice may be as much the result of a

forced expulsion or a flight from agency employment, as an expression of choice for self-employment.

Psychological theories about motivation commonly explore this from an innate, needs based perspective. As such they constitute only one angle of a broader view of motivation for private practice, that also takes into consideration relationship and environmental factors, and political and socio-economic factors. Research by McClelland (1961) supports the view that factors external to the individual affect motivation. McClelland found that the *opportunity* for, and experience of achievement, are significant factors in the development of the capacity for sustained motivation.

Hayes and Hough (1976) adopt a systems view of employment transitions. Transitions involve boundary crossing, and the attitudes of both the employing institution and the individual to boundary crossing are relevant to the ensuing experience of transition or non-transition. Recent theories of transition emphasise that change is the norm rather than the exception, and that the transition process frequently brings personal and professional gains (Nicholson & West, 1989).

Next, I examined theories that are relevant to my interest areas of values and identity (2.5.1, 2.5.2).

Research into values shows that, while these are relatively stable, they do change. The most change resistant values are those that relate to many other values, are held by powerful groups in society, and supported by institutional sanctions. Social class is a significant determinant of values, and economic factors exert a strong influence on values.

Enoch's (1989) research into social work student socialisation found that social work schools have limited influence over students' values, due to the lowly status of these schools in the academic environment. In Chapter Ten I will refer to respondents' views on the place of social work education in the development of their values.

Because social work practice, motivation, and identity are at least partially value based, I will discuss value issues in most of the ensuing thesis chapters.

Postmodern theorists question the continued viability of the concept of core identity. They point to the fragmentation of identity caused by the need for constant adaptations to multiple social expectations and changes. Giddens (1991), Gubrium and Holstein (1995), and Pahl (1995) propose that individuals can sustain a sense of agentive identity by means of reflexive narrative construction. I will examine respondents' thoughts about their professional identity in Chapter Ten.

In section 2.5.3 I discussed theories of marginality. In particular Harman's (1988) theory of the "modern stranger", extends the idea of a reflexively constructed identity, to the development of a reflective stance or identity. Conscious use of a reflective stance may enable those professionals who by accident of birth, socialisation, and accompanying value inculcation find themselves "on the margins", to employ their position to good effect. This may help free them from a search for status and the dangers of imitative conformism, to gain a recognition of the observation and mediation skills that are the legacies of Simmel's original "stranger".

However, Bourdieu's extensive work on habitus, and a critical examination of gender inequality in the professions, raises the question of whether some people are better equipped to develop a reflective position than others. Perhaps this too is a privileged perspective. I will comment on gender differences that emerge from the data throughout the ensuing chapters. I will examine the relationship of these differences to the ability to attain reflectivity in the final thesis chapter (Chapter Eleven).

The theories canvassed in this chapter give rise to various questions. These include the following: To what extent have macro level changes influenced respondents to enter private practice? Has private practice become more acceptable to social workers, and why? What is the effect of private practice by a small subsection of the social work profession on the larger profession? How may private practitioners seek to consolidate their position in the systems of professions; their relationship with their social work colleagues, and other professions? With whom do private practitioners associate and affiliate? Does this discourage or encourage retention of social work identity and values? Is status a significant issue in the transition?

I will continue to refer to, and attempt to answer these and similar questions in the remainder of the thesis.

## Chapter Three

### Methodology and Research Process

#### **3.1 Introduction**

In this chapter I write about my reasons for choosing a qualitative research design, and briefly introduce the research process (3.2). I give an account of my deliberations on topic choice, acknowledge my personal interest in the issues I have chosen to investigate, and discuss how I dealt with the problem of researcher subjectivity (3.3). Next follow sample selection, and an examination of the issues that arose as a consequence of interviewing colleagues (3.4). The main method of data collection was the semi-structured interview. This necessitates an exploration of the problems that arise with self reporting (3.5). In section 3.6, entitled "Analysis", I outline my use of grounded theory and why this was followed by narrative analysis. Finally I comment on the written presentation of the thesis (3.7).

#### **3.2 Method Selection and Introduction to the Research Process**

Several factors influence the selection of a research method. These include:

1. The researcher's interests and skills.
2. A method's suitability for investigating a particular research problem.
3. The methods employed by previous researchers. These may be duplicated to allow for comparison, or diverged from to allow for the discovery of new theoretical perspectives.
4. Practical considerations such as time and financial factors that constrain choice of method.

I will next examine these factors in more detail.

Researchers' inclinations and limitations influence the way they conceptualise and approach research problems (Riessman, 1994c). My inclinations and skills mean I prefer qualitative methods, *and* am interested in issues that are best investigated by using a qualitative approach. As a psychotherapist, I have an interest in people's internal experiences, and I was keen to

discover how independent practitioners viewed and felt about their transition from agency employment. How did this impact on their values, and professional identity and affiliation? What meanings did practitioners attach to their life journey and choices? My social work background alerts me to the influence of the socio-economic and cultural contexts in which people's lives take shape, and I thought it essential to take account of these factors in my investigations.

I found support for my decision to use qualitative methods in the writing of Ryan and Denz-Penhey (1996). They suggested that qualitative research is especially appropriate to the study of the experiences of a subculture whose participants have a shared belief system. It can be usefully applied in the investigation of the social procedures, processes and structures of professional bodies. It has been successfully used to study the effects of social, economic, political, and cultural factors on populations, and in the study of historical influences, changes or transitions. Thus the nature of the issues I intended to investigate suggested that I should employ a qualitative approach.

I became aware that much quantitative research into private practice in social work had already been done, and I wanted to extend my research into new territories that included experiential and possibly ambiguous information, that could only be obtained through qualitative research. I also thought that using a qualitative approach might enable me to shed a different light on the findings obtained by quantitative researchers, or, through inductive reasoning, lead me to develop a new theoretical perspective.

Much of the quantitative research into private practice social work has been conducted in the USA. The questions canvassed by this research include:

1. Social work students' interest in and motivations for private practice (Abell & McDonell, 1990; Aviram & Katan, 1991; Butler, 1990, 1992)
2. Social work students and social work identity (Bogo, Michalski & Roberts, 1995; Bogo, Raphael & Roberts, 1993)
3. Private practitioners and social work identity (Perlman, 1995)
4. Faculty concerns about private practice (Brown and Barker, 1995; Walz & Groze, 1991)



5. Motivations for private practice (Alexander, 1987; Hardcastle & Brownstein, 1989; Wallace, 1982)
6. Personal well-being and private practice (Jayaratne, Davis-Sacks & Chess, 1991)
7. Work and billing practices (McGuire, Gurin, Frisman, Kane & Shatkin, 1984)

By contrast, few researchers have quoted respondents directly or asked them to express how they view their experiences in their words. Exceptions include Manthei et al.'s (1994) New Zealand research. Manthei et al. researched the motivations for private practice and the issues that arose from this practice for counsellors. Kimberley Strom (1994) (USA) surveyed agency practitioners about their reasons for *not* entering private practice, or for returning to agency practice. She quoted respondents' written comments to a questionnaire. Strom recommended that in-depth interviews would offer greater insight into the interplay of factors that influence social workers in their choice of work settings.<sup>20</sup>

The only additional qualitative New Zealand literature is an article by New Zealand psychologist Irene Paton (1990), in which she writes a personal account of her transition into private practice, and the "perils and pleasures" she faced in this move.

Riessman suggests that the dearth of qualitative research results from social work's attempt to gain acceptance from the academic community as a subject with scientific validity, not "just" intuitive women's work. She thinks that in this attempt to gain acceptance, we have abandoned a valuable set of social work tools (Riessman, 1994c). The decision to undertake qualitative research did give me some initial concerns that my research might be denigrated by my fellows. As I learned more about the process of research I became confident of my choice. During the interviewing stage, positive comments from respondents, who said they had discovered and remembered much about their transition and their social work identity, also helped assuage my fears.

Finally, it soon became apparent that my choice of methods would in any case be constrained by the size of the sample; I was only able to identify 29 eligible respondents in my geographical location. While other New Zealand researchers have attempted a quantitative survey on the motivations and experiences of social workers in private practice, they acknowledge their results

---

<sup>20</sup> Details of research will be given in ensuing chapters, when it becomes relevant to the discussion of my findings.

lack validity due to the small size of their sample (Baskerville & Durrant, 1996).<sup>21</sup>

I wanted a clear framework for data collection and analysis, and decided to use the grounded theory approach recommended by Glaser and Strauss (1968), because its structured and systematic nature appealed to me. Although ostensibly prepared to immerse myself in qualitative processes, I was somewhat afraid to let go of the ordered "scientific" approaches I had been accustomed to. I also realised that I would obtain a wealth of information from respondents, and that this would eventually need to be focused around a small number of substantive themes. Glaser and Strauss's theory appeared to promise that a core category could be discovered that would relate and connect apparently disparate findings, and enable the researcher to establish such focus.

Glaser and Strauss's careful exposition of their methodology disciplines the qualitative researcher. They insist that theory should not constrain the collection and analysis of data, and they encourage exhaustive coding (labelling) of data, phrase by phrase, to enable the researcher to discovering new and unexpected themes. It is not until later in the process that linkages are made between these themes and between themes and theory.

The primary investigative method I employed was that of interviewing. During March 1996, following ethical approval for the research from the University of Canterbury Human Ethics Committee, I piloted the interviews with four respondents (3 women and 1 man, all Pakeha)<sup>22</sup> in another metropolitan city in New Zealand. A contact person, who was not a private practitioner herself, but a member of NZASW, selected these pilot respondents. Two additional interviewees assisted me by providing historical details. One of these was Merv Hancock, whom many regard as the New Zealand pioneer and role model of independent social work. The other was Ruth Manchester, who practised social work in Britain and New Zealand, and then became a social work educator in New Zealand. Following her move to private practice as a psychotherapist she became president of the New Zealand Association of Psychotherapists (NZAP) from 1989 until 1990.

---

<sup>21</sup> (Baskerville and Durrant 1996) surveyed 14 social workers, a non-random sample with a male to female ratio of 8:6. The researchers did not control for levels of qualification, and part time as well as full time private practitioners took part.

<sup>22</sup> Maori for Caucasian.

From early June to early September 1996 I carried out data collection by interviewing 29 respondents in Christchurch and surrounding townships. I made the decision to interview in this geographical area, where I live, for financial reasons as my research was entirely self-funded. While there is no statistical data to verify this, Christchurch appears to have the largest concentration of independent social work practitioners in New Zealand. Because I have lived and worked in this city for many years, I found it relatively easy to identify potential respondents. The response rate was 100%.

While I used an interview schedule, this served as a guide only. I adapted it when I thought it would be more valuable to focus in on particular issues, or as questions lost their relevance.

I undertook some document analysis of relevant archival material about private practice social work that was held by NZASW and by NZAP. There was very little such material. I conducted semi-structured interviews with representatives of third party payers, including Accident Compensation Corporation staff, and Family Court counsellor co-ordinators, about their policies and procedures, and their views of social workers in private practice.

Ideally a grounded approach calls for data analysis to proceed apace with its collection. Certainly I wrote memos and reviewed material from the beginning. However, I did not begin the analysis proper until after most interviews were completed. Despite this, saturation appeared to have occurred, as I obtained no substantially new information during the final interviews.

I completed an analysis of the data by the grounded approach, and followed through the stages of open, axial, and selective coding, and theoretical sampling to arrive at a core category. However, I also decided to examine the data with methods derived from historians' analysis of narratives and myths. In this approach stories are examined for common themes and unique deviations. Content is important, but so are omissions, and the style and development of the story (Samuel & Thompson, 1990).

I applied a multimethod approach to the analysis because, as Reinharz (1992) suggested, thesis research is a journey during which the researcher develops and changes. This change is often reflected in a plurality of methodological approaches. As I will elaborate later, I became

dissatisfied with the fragmentation and de-contextualisation of individual narratives that resulted from the grounded approach. From a feminist perspective, from which Reinharz writes, there is no one right method or truth, and plurality is entirely appropriate. Indeed, it reflects a commitment to thoroughness, and leads to triangulation of methods, thereby lending scientific credibility.

In the remainder of this chapter I will examine the issues that arose over the course of the research.

### ***3.3 Topic Selection and Researcher Subjectivity***

Before selecting a research topic, or knowing much about the process of research, I set some personal prerequisites. I had to have the stamina to see my project through to the end, so needed to have a passion for the subject. This suggested a topic of some personal relevance. In Reinharz's words, since research demands a personal commitment and investment, it should be "unalienated labour." It should coincide with personal concerns (Reinharz, 1979: 10). My interest should be sustainable. Therefore the project would need to be intellectually challenging, and preferably bridge my interests in psychology, sociology, and social work. Because the research would occupy much of my spare time, it needed to be a counterpoint to my occupation as a psychotherapist. I wanted to be able to rest from one endeavour while engaged in the other. The project also needed to be viable and achievable. This required, at least, access to respondents.

Once I established these pre-requisites the topic soon emerged.

My research inevitably raises the issue of subjectivity, as does all qualitative research. There is no control group, or the usual standardisation of research instruments that appeals to scientific objectivity. The selection of the topic and the use of terms such as "passion" clearly reflect a personal interest, and the selection of colleagues as subjects raises the spectre of "insider" bias.

Whereas until recently the positivist concern with objectivity and detachment predominated, it is now more widely accepted that these ideals are impossible and perhaps undesirable in human research. Subjectivity is no longer eschewed to the extent it once was. With this, the

exploration of less quantifiable experiences, and of metaphor and narrative, has been reintroduced into social sciences as a valid undertaking (Reinharz, 1979).

Reinharz suggests human research (such as social work research) *should* use human tools, *should* use the researcher as a research instrument (Reinharz, 1979). Included in these tools are personal experiences and imaginative identification and emotion, which have become recognised as valid sources of scholarly knowledge (Riessman, 1994d). Indeed, Polanyi rejects the concept of knowledge that cannot be attributed to the experience of the individual. He proposes a methodology of passion and commitment as an alternative to impossible and undesirable detachment (in Reinharz, 1979).

To take advantage of my insider knowledge I used "stream of consciousness writing", "interviewed myself" in depth and on tape, and spoke to others, particularly my supervisor and researcher friends, about my experiences. I was alert to insights, feelings, and questions that arose from my empathic attunement to respondents' narratives.

There are potential risks in such involvement. Perhaps the best known expression for over-involvement and over-identification with subjects stems from participatory research and ethnography, where investigators are said to "go native". To prevent such over-involvement the researcher's subjectivity must be open to intensive scrutiny. Values, beliefs, and personal interests should be declared and examined on an ongoing basis. If the researcher's self is to function as a well-calibrated instrument, passion must be modulated.

I found the concept of countertransference, borrowed from psychoanalysis, particularly useful in exploring aspects of over- and under-involvement resulting from my personal connection with the research topic. Transference and countertransference are words that have acquired various meanings over time. They are sometimes used pejoratively, to indicate faulty perceptions, but this positivist connotation is less frequently accepted today. In the current context, I have used Stolorow, Brandchaft and Atwood's (1983) definition of transference. Stolorow et al. use the term to refer to all the ways the client's perception of the psychotherapeutic experience is shaped by their own psychological structures and organising principles. The psychotherapist's countertransference is defined similarly as the psychotherapist's organising activity. The therapeutic relationship consists of the interaction of the client's organising principles with those

of the psychotherapist. This constitutes the intersubjective field.

Use of the concept of transference helped me to recognise that there might be repeated impasses in the research journey. Such impasses arise, as in the psychotherapeutic context, as conjunctions and disjunctions.

Intersubjective conjunctions occur when dominant discourses (that reflect the organising principles of respondents, professions, or institutions) are assimilated by the researcher into similar organising principles. This may lead to collusion, and unexplored areas. To overcome collusion, researchers must be able to de-centre. In doing so they will become aware of valuable information as self-knowledge gives clues to social processes.

An example of a conjunction occurred when respondents spoke of their concern about the proliferation of unqualified practitioners setting up new practices. Uncritically accepted this sounded like altruistic concern for clients. On closer examination it was likely to reflect the claiming of jurisdictional task areas, and competition in a shrinking market.<sup>23</sup>

Intersubjective disjunctions arise when the researcher assimilates the respondents' material into a configuration that differs significantly from that of the respondent. This gives rise to misunderstanding and judgmentalism, or denial of the relevance of material. Again, de-centring and self reflection on the part of researchers offer an opportunity for expanded insight.

An example of a disjunction occurred when the core category of marginality<sup>24</sup> initially emerged. The concept of marginality held pejorative connotations for me, and appeared to imply social workers, including those in private practice, had low status. I did not find this idea of interest, and felt pushed into a direction I did not like and had not chosen for my research. I developed a dislike for grounded theory at this junction, based around the notion that it fragmented the narrative to such an extent that respondents' *real* issues could not emerge. I re-examined the material using a narrative approach—to discover the same dominant theme remained salient. Only then did I overcome my denial of the relevance of the concept of marginality, and began to

---

<sup>23</sup> See Chapter Two, section 2.3.2, for an explanation of these terms.

<sup>24</sup> See Chapter Two, section 2.5.3, for a discussion of this concept.

pursue its theoretical implications.

The methods I employed to help me de-centre and reflect included writing theoretical memos as required by grounded methodology, and expanding these to include affect, impressions, and prejudices. I analysed comforts and discomforts in supervision. I read widely, and piloted and revised interview schedules. I listened to all tapes, and transcribed about a third myself (employing a typist for the remainder). I analysed and coded data line-for-line in order to separate from my preconceptions. Discussion with participants and others further helped highlight areas of discrepancy.

If we conceive of the possibility that we can have transference to our social world, to a research topic, respondents, and to data that emerges, the concept of transference becomes a tool for research analysis.

Samuels (1993) proposes a similar use of the concept of transference in political analysis:

As in clinical analysis and psychotherapy, the political analyst gets into a transference-countertransference relationship with the problem she or he is trying to treat. ... accepting that the political analyst has a countertransference to the problem she or he seeks to treat avoids the well-known self-deception that a so-called 'objective' analysis of politics is possible.

(Samuels, 1993: 31)

The concept of countertransference provides the researcher with a conceptual tool that facilitates the recursive process required in the analysis of data that has been obtained from a marginal observer position. It is under such stringent conditions of self monitoring that we can give credence to Collings' (1991) assertion that "Marginality—"the outsider within"—stimulates a distinct angle of vision." (Quoted in Riessman, 1994d: 135). This position is also consistent with the stance of Bourdieu's observer, who, as discussed in the previous chapter, is both part of, and apart from the observed "... not content with being a voyeur from a distance, nor to go native." (Harman, 1988: 112).

### **3.4 Sample Selection and the Respondent-Interviewer Relationship**

I decided to interview only those private practitioners who had successfully completed a 'B'-level qualification in social work.<sup>25</sup> This ensured I could reasonably expect that they had understood and adhered to social work values and beliefs at some time previously. Without such prior allegiance, questions about areas of conflict and shifts in professional social work identity and values arising from the transition to private practice would have been meaningless.

Private practice was to be the respondents' main current occupation, rather than an adjunct to agency employment. The concerns of part-time agency/private practice workers are likely to differ considerably from the concerns of those who rely on their private practice for their livelihoods. Part-timers may seek to secure their agency's approval and support for private practice, and they may feel less concerned about isolation from colleagues, and about the financial viability of their practice. They may be more likely to continue to associate with the social work profession and retain a social work identity through their agency work.

I did not use the number of hours of private practice as a basis for discrimination, because I did not want to exclude those who were struggling to keep small practices going that provided them with their only source of income.

With the help of colleagues in the counselling and psychotherapy fields, the Telecom Yellow Pages, and an advertisement in the "Social Work Notice Board",<sup>26</sup> I was able to identify 29 potential respondents in Christchurch and surrounding townships. The sample consisted of 17 women and 12 men, ranging in age from nearly 30 to over 65. All were Pakeha.

I conducted all interviews myself, and this meant there was no allowance for interviewee to interviewer gender matching for men. I expect my gender did affect the relationship with respondents. This is indicated by the much greater number of gender related comments made by

---

<sup>25</sup> The New Zealand Council for Education and Training in the Social Services, which succeeded the New Zealand Social Work Training Council in 1988 "... invented three levels of qualification: 'A'-level for certificates and pre-professional courses; 'B'-level for first professional courses; and 'C'-level for advanced courses." (McDonald, 1998: 23).

<sup>26</sup> Regular newsletter of the New Zealand Association of Social Workers.



women than by men. These included criticisms of specific men and about men in general. By contrast one man risked saying he thought that "Men have taken a real shit beating in the last twenty years ..." One other thought some female counsellors applied double standards when they counselled male clients, while they proclaimed that men should not counsel women. Had I been male, the results might have been different, although New Zealand social workers have been educated to avoid using overt sexist language against women, and as a result both genders may more readily accept criticism of men than of women.

One possible reason for the racial homogeneity of the sample is that the typical private practice activity consists of individual counselling in formal surroundings with strict time frames and for monetary payment. The conventional Pakeha model of counselling is not part of the way of life of the indigenous Maori people of New Zealand (Awatera, 1981; Paterson, 1993). Furthermore, few Maori take part in B level social work education at Canterbury University. Maori form a small minority in this geographical area, mostly concentrated in the city of Christchurch, where they make up 7% of the population.<sup>27</sup> Therefore my criteria for selection of respondents excluded them. The project was limited due to this lack of representation, and I missed out on the enrichment that cultural collaboration would doubtless have brought.

I was pleasantly surprised by the 100% response rate from those I invited to participate (see Appendix A.1 for the letter of invitation). It seems likely that my acquaintance with over half of the potential respondents was a factor. Several respondents said they had decided to take part because they knew me through professional contacts and trusted me, and many simply wanted to help me out. Some who did not know me had discussed the research with their colleagues, and had been encouraged to be involved.

Respondents may have found it difficult to refuse my invitation because they knew me and realised I depended on their goodwill for the viability of my undertaking. Knowing that their team mates and colleagues were taking part in the research may also have made it more difficult to dissent. A few respondents joked that social workers are compliant people. Research by

---

<sup>27</sup> Maori constitute approximately 14.5% of the New Zealand population. (New Zealand, Statistics NZ, 1996). The tertiary participation rate of Maori is considerably lower than of non-Maori. In 1995 43% of Maori secondary school students continued to tertiary study upon graduation, compared to 52% of non-Maori students. The greater proportion of these Maori students attended polytechnics rather than universities (Nga Haeata Matauranga, New Zealand Ministry of Education, 1997).

Lackie (1983), who found many social workers had been "parentified" children, suggests there may be truth in this analysis.

Most respondents were able to give several reasons for agreeing to be interviewed. These included the hope that the research would result in an improved professional status for social workers in private practice. Others wanted to draw the attention of NZASW or academic institutions to the needs of private practitioners. Generally they were interested in my findings and eventual conclusions, and keen to compare their own experiences to those of others. Some took part because they saw the interview as an opportunity to review their own journey into private practice. Two respondents said they planned to do research in the future and hoped I would then repay them by giving my assistance.

In return for my respondents' generosity I promised to write papers and give seminars on my findings. I also felt that the process of being interviewed should be enjoyable and informative; a reward in itself. Feedback indicated this was indeed a common experience.

Other researchers have recognised the intrinsic rewards that exist for respondents in the process of being interviewed. These include the opportunity for cathartic expression and to organise thoughts, and the affirmation inherent in being attended to (Reinharz, 1979).

The effects of my position as insider on the interviewer to interviewee relationship must be examined more closely as they impacted on data collection and analysis.

How did knowing me affect the willingness of respondents to disclose information? Some researchers believe it is essential to establish a relationship with respondents prior to interviewing, or at least to self disclose during the interview in order to equalise the relationship. Others believe respondents prefer the anonymity of speaking to strangers, and may self-censor when they know too much about the interviewer (Reinharz, 1992).

My own views are similar to those expressed by Gregg (1994: 53-54), who believes the researcher must stay "in role". Non-judgemental acceptance creates a climate and space to talk of intimate feelings and experiences. The researcher should generally suppress the inclination to provide support and reassurance and keep observations silent to maintain the interviewer role.

Gregg experienced a tension when women had radically different views from her own, and worked to manage this internally. She wanted to avoid "over-rapport" and to honour women's needs that might include a preference for distance.

Whilst I was not a stranger to most of the respondents, few appeared to know much about the kind of work I do as a private practitioner. This reflects the nature of private practice. Many practitioners do not know what others do—their practices are private in more than one sense of the word. Respondents rarely asked questions about me, or sought my opinions. I almost never used self disclosure to facilitate an interview. When I did use this technique, it did not assist but instead appeared to cause a slight disruption in the process. This may be because as a psychotherapist my dominant style involves empathic attunement to my clients' subjective experiences, rather than unsolicited self revelation. I was therefore most familiar with the use of a relatively neutral style of interviewing. Respondents commented positively on my interviewing style, and one specifically said he appreciated that I did not intrude on the interview with my own material.

I did find it helpful to be familiar with the language of respondents and suspect this facilitated the process. There was no need for respondents to enter into potentially tiresome explanations of standard procedures, or of social work terminology.

I found it reasonably easy to empathise with views that differed from my own, perhaps because they were elaborated and recounted in the context of background experiences, values, and beliefs. These views included quite negative comments about psychotherapists and long term psychotherapy, which I offer. As a result of my immersion in such interviews, I experienced a mild form of identity crisis with respect to my own practice. I was able to resolve this with the help of supervision.

Many respondents were sociologically and psychologically knowledgeable. Some of their responses will have been filtered through theoretical paradigms (Scott, 1984) and were probably influenced by a need to appear "politically correct." Mostly, however, I was surprised at how willingly respondents revealed themselves.

Sometimes I came away from interviews emotionally exhausted, not simply because they were

relatively long (from a minimum of 1½ to a maximum of 3 hours), but particularly because I was not prepared for the extent to which people would relate their personal experiences. I was often moved, awed, and sometimes saddened. I was always conscious of being a researcher rather than a psychotherapist or friend in the context of the interviews, and this meant I encouraged progression through the interview questions, rather than full expression of emotional content of specific distressing material. Sometimes I felt a fleeting concern I might be thought lacking in empathy at such moments, but I think my approach was appropriate, and respectful of the context of the interviews. I dealt with the impact on myself by reviewing my notes, taking adequate breaks between interviews, and by discussing my responses with my supervisor and friends.

The interviews also impacted on some of the respondents, usually by highlighting patterns, and increasing awareness of isolation, identity issues, beliefs, and feelings. In case respondents felt they wanted to add to or qualify what they had said in the interview, I provided them with an "additional comment sheet" and self addressed stamped envelope. Four respondents made use of this opportunity, to tell me about afterthoughts, and about what they had discovered through the interview. To my knowledge there were no adverse effects. I considered it unnecessary to make further provisions, based on the belief that the respondents all had adequate access to professional support and supervision if they required such assistance.

As an "insider", I needed to decide my position with regard to things I might learn about respondents outside of interviews, either indirectly from other sources, or from themselves. While other researchers have declared that they would use all such information (Scott, 1984) I decided against this. I have needed to function in a variety of roles over the last five years, and thought it best to keep these relatively separate from the research role. To do otherwise would have put my colleagues on their guard, and would be counterproductive. Once I asked a respondent for permission to use an additional piece of information when I discovered she had left private practice in the months following our interview. I also had access to publicly available information and people's generalised and publicly voiced impressions about private practice, social work, and associations. These were not considered with the data obtained from respondents, but added to my background knowledge and my sensitivity to relevant issues. Many people engaged me in discussions and helped shape the conceptions that inevitably found their way, recursively, into the thesis.

Because there were so few private practitioners with a social work background in New Zealand, and because I might canvas issues that could be considered commercially sensitive, I was particularly concerned that the respondents should feel secure in the knowledge that they would not be identifiable. At the outset I promised respondents a five year embargo of the thesis, as I expected they might be reluctant to take part otherwise. It transpired that I had been overly cautious. Many expressed disappointment about the embargo. They wanted access to the thesis when it was completed, because they were curious about its results, and hoped that the information contained in it might provide them with further guidance in their practice. They felt that the other measures I had proposed to take to protect confidentiality were adequate. These measures included structuring the thesis around topics or issues, rather than writing case studies. Quotes were to be of small sections of speech, with identifying remarks omitted.

It became clear that I needed to formally and fully canvass the desirability of retaining the embargo. As a result all but two respondents agreed outright to the lifting of the embargo. One of these was well satisfied with the proposed confidentiality arrangements after further discussion.

Unfortunately the remaining person appeared unwilling to enter into any negotiation, or to view the relevant sections of the thesis prior to making a final decision. The refusal to discuss was unexpected and unpleasant, although clearly also the respondent's prerogative. I found myself accused of trying to "change the rules", despite my attempts to give assurances to the contrary. A written offer to embargo the thesis and not publish any material from the interview with the respondent in the interim, or alternatively withdraw the respondent's material altogether, was answered with a letter of complaint to the University of Canterbury Human Ethics Committee. It then transpired that the respondent had also misunderstood the limits of the embargo. My right to publish journal articles and give conference papers at all came under scrutiny. Finally, and following mediation from the Chair of the Committee, Dr A. Ross, the respondent agreed that I could embargo the thesis but continue to publish.

It remains unclear to me what led to the apparent unwillingness to discuss the matter, or what created subsequent misunderstandings. These are not uncommon in qualitative research and may be related to the searching and personal nature of such research.

What did become clear was that I would have been wise to canvas the need for an embargo prior to promising it. Another lesson for all researchers is that they should clearly spell out, in writing, the limits of a thesis embargo, and their intention to publish papers during this embargo.

The respondent's unwillingness to be withdrawn from the research also raised an ethical dilemma familiar to social workers. This can be couched in terms of rights and rules: Should I impose the embargo because of a prior promise (deontological ethical reasoning) despite there being no evidence that the research would be substantially enhanced by inclusion, or should I withdraw the respondent for the greater good (utilitarian)?

My felt experience more closely conformed to Gilligan's (1982) model of women's ethical reasoning, however, as I viewed the dilemma in terms of relationships and responsibilities.<sup>28</sup> What would be least destructive of my relationships with all respondents, and how could I discharge my responsibilities to all of them? While I never clearly resolved this dilemma, I was satisfied to be able to forge a reasonable compromise.

Once the decision was made, respondents were informed that the embargo would remain in force. I re-iterated my promise to write journal articles and present seminars of my findings. I offered all respondents a copy of the transcript of their interview with me, and the opportunity to discuss any further questions they had about the research.

Because I continue to work in the same community and continue to encounter respondents, I have had to make some permanent ethical decisions about my interactions with them. I don't, for example, raise sensitive issues I was told about in the context of the interview, when I meet these people again. I also won't sit on panels to evaluate or assess respondents for associate membership, complaints, and so on. My occupation as a psychotherapist and involvement in other professional roles has accustomed me to hold aside knowledge gained in a variety of roles and contexts. Perhaps this management strategy also reflects the postmodern proliferation of roles and a certain fragmentation of existence, or my adept use of a "marginal" boundary

---

<sup>28</sup> On the basis of research interviews, Gilligan (1982) proposes that women's moral reasoning is informed by the injunction to care for and be responsible to others, and to alleviate suffering, whilst men are informed by the injunction to respect individual rights.

position in relation to social groups.

Inevitably, getting to know people, albeit in a specific context and in a limited way, has left me with a greater warmth and respect for colleagues than I had previously. Sometimes this helped me to push on with my research work when the process seemed interminable. I had made promises and was committed to real people to deliver a product.

### **3.5 *Data Collection and Problems with Self Reporting***

#### **3.5.1 Data Collection**

Data collection was triangulated to the extent that I examined social work, counselling, psychology and psychotherapy newsletters and some archival documents, newspaper articles, and private practice advertising material. I considered these texts from the perspective of critical discourse analysis that challenges the way in which words are used to constrain divergent thinking by appearing to convey the way things are or "should" be. I took part in professional meetings and discussions, and interviewed representatives of third party payers who contract the services of private practitioners. However, interviewing of private practitioners was my main method of data collection.

I interviewed each respondent just once, for between 1½ and 3 hours, with the most common length being about 2 hours. All interviews were tape recorded. Pilot interviews were conducted during a weekend and took place in respondents' homes. Most other interviews took place in respondents' offices.

I conducted interviews with the aid of an interview schedule (Appendix A.2). While the grounded theory approach to research suggests that data collection is commenced prior to theory building, in reality this means the process should not be theory driven. Inevitably the schedule was based on a prior conceptual framework derived from many sources (Abramson & Mizrahi, 1994), including my own experiences of the transition to private practice, research by others, literature on methodology, and the theories of decision making, values, and identity that were outlined in Chapter Two.

The interview schedule set out the questions I hoped to cover by the end of an interview, in a sequence that I considered would facilitate the recall process. The pilot interviews had helped me to refine this guide. Its format did not dictate the process of the interviews, because I believed I would gather more valuable data by allowing respondents to speak freely and associatively, rather than by confining them to my structure. As interviews and interim analysis proceeded, I also became more confident to pursue certain details or patterns that had emerged, and to let less relevant questions fade into the background.

The interviews consisted of three major sections. The first pertained to motivating factors for the transition to private practice. I asked about the immediate motivating factors, what was going on in the year or two prior to the change, before moving on to asking about earlier personal background factors.

The decision to start the interviews by asking people about their more immediate reasons for making a transition, was based on theory that suggests people most readily recall recent grounds for their decisions. Engagement would be facilitated if interviews were commenced with easily answered and less intimate questions, that respondents would already have expected from the original invitation to take part. This would help orient the respondents and they would then more readily enter the state of reverie in which personal background factors could be accessed. The theoretical justification for including questions about family life, schooling, religion and other aspects of the life history, was that repeating life patterns are often implicated in decision making processes, as discussed in the previous chapter (Sloan, 1987).

Many respondents answered an initial open ended question about their life history with stories about parents, grandparents, and youthful experiences that, in this early phase of the research, appeared to be fascinating, but probably irrelevant. Later these became significant as the basis of a narrative data analysis.

I felt justified to ask people to explore their personal as well as their professional life in some detail because, as Lake and Lake (1976) write, research about work must be woven into family studies and other parts of the life pattern. Work and family are interdependent. As a social worker and psychotherapist I was open to the possibility that respondents' working lives were affected by constraints and opportunities arising from their involvement in relationships and



roles, their socio-cultural context and background, and patterns of repetition in decision making. I guarded against concentrating on individual issues at the cost of allowing respondents to elaborate a macro-perspective, because as Sloan (1987) suggests, we can also understand decisions as actions embedded in social trends.

In the second part of the interview I asked respondents to recall the issues they had encountered in their transition to private practice. Initially I planned to separate out issues encountered in early transition from more recent ones. This did not work, mainly because respondents structured their recollections around significant issues such as fee charging, advertising, and practice settings, rather than around segments of time.

The third section of the interviews centred around more specific questions about the impact of the move to private practice on values, intra- and inter-professional relations, and on the respondents' relationship with professional associations and schools of social work.

Between interviews there was time for analysis and reshaping of the process. Not only was the form and order of questions important, but I also considered it essential to establish rapport, and found basic listening skills such as encouraging, summarising and paraphrasing, as well as maintaining and restoring empathic attunement, most helpful.

### 3.5.2 Problems with Self Reporting

Research that is largely based on interviews, raises the controversial issue of the reliability of interviewee self reports. Whilst feminist researchers frequently stress the need to trust their respondents, science relies on scepticism, and we know that social interaction does typically involve some deception or impression management (Reinharz, 1992). Interviewees may respond defensively because they are apprehensive that they will be judged (Carroll & Johnson, 1990). They may not want to offend, or may seek to impress the interviewer (Abrahamson & Mizrahi, 1994).

In the context of research about decision making, respondents may have difficulty remembering the process, and be unaware of what really influenced their decisions. They may then reconstruct what occurred according to what they usually do or are supposed to do. They will

rationalise what is frequently an irrational process by creating logical stories or saying what they think the interviewer wants to hear (Carroll & Johnson, 1990).

Robert Merton (1946) recommended that to prevent problems of bias, interviewers keep guidance to a minimum. They should allow the subjects' definition of the situation full and specific expression. Interviews should bring out the value laden implications of responses (in Fielding, 1993).

Other aids to overcoming difficulties with self reporting include ensuring that a basis of trust is built for exploration. Issues should be approached from several angles, and when uncertainty arises about a response, respondents can be further questioned. Titration, achieved by also examining data gained from other sources, including literature and community discussions, and the observation of actual practice, also assists in the building of a complex image. It is important to record the context of the interview and seek to ascertain the meaning that the interview has for the respondent if the data is to retain its significance in analysis.

Postmodern research is less concerned with replicability and with the inevitability of bias, focusing instead on the context of the speaker and the account, and on the account's "textuality" and internal construction (Opie, 1992: 35). It may be inaccurate to speak of deception, if we accept the postmodern view that multiple representations of self are evoked by different contexts.

### **3.6 Analysis**

As I stated previously, in preparation for analysis, all interviews were recorded and transcribed. Immediately following each interview I wrote memos (Strauss, 1987), recording impressions and ideas that occurred to me, and describing salient aspects of the context of the interview. I also noted what had worked well and what had not been successful about the interview process.

I used two main methods of analysis. First I used a grounded theory approach, and later a narrative approach to the text.

To assist me with grounded theory analysis I used a computer program, NUD.IST. This program

allows the researcher to manage non-numerical and unstructured data by searching this data, line by line, placing the results of searches (small sections of transcripts) under category headings, and making links between these categories in a tree-like structure. The use of the program and its de-construction of the interviews helped me separate from my preconceptions and made the extensive coding required by grounded theory more manageable.

I conducted preliminary coding of 6 initial interviews (including 4 pilot interviews).<sup>29</sup> This assisted me with the ongoing refinement of data collection, guided theoretical sampling, and assisted me in learning to use the computer program.

During the initial open coding I searched for recurrent themes, patterns of interactions, strategies, tactics, and consequences. Next followed axial coding, the exploring of relationships between categories, and selective coding from the core categories (Strauss, 1987). A core category, according to Strauss, should appear frequently, and it should easily relate to other categories, in an unforced way. It should take longer to saturate than other categories and have implications for a more general theory.

I was sceptical that the coding process would eventually lead me to discover a dominant theme, because I seemed to have obtained so much interesting data about so many different issues. To my surprise this seemingly simple but powerful method gave rise to the core category of marginality.

The concept of "the outsider" or "marginal" person had first emerged during interviews when, after I noticed many respondents were immigrants, we wondered together about the significance of this. Terms like "stranger", "outsider", and "boundary rider" were used by respondents. This category soon proved significant. It related easily to other important themes in the research, including the marginalisation of social work as a profession, gender issues, and private practice.

As the core category became saturated, however, I grew less satisfied with the grounded method approach. As I explained previously, some of this dissatisfaction arose from my countertransference response to the concept of marginality, which held pejorative connotations

---

<sup>29</sup> Information gathered in pilot interviews was included in the analysis. This data is distinguished from other data in later chapters only when such distinction is relevant.

for me. I feared neither I nor my respondents would be appreciative of this appellation. I knew nothing at this time of the vast sociological literature on marginality. Nor did I pursue this theme further at this junction.

Whilst there was countertransference at play, there were other significant reasons for my dissatisfaction with the grounded theory approach. I found that individuals had become deconstructed by the type of analysis I had undertaken. This had made the project seem somewhat mechanical and devoid of humanity. Furthermore, it seemed context was lost as text was divorced from its surrounding material.

Throughout the analysis I had listened to tapes and read transcripts in an attempt to counterbalance this fragmentation. Now I turned to a more formal alternative method.

Although I had intended to apply a grounded approach to the analysis, I had elicited narratives due to my style of questioning: "Tell me about ...", "How did it begin?", "and then what happened?" (Hyden, 1994: 101). Narratives are organised around consequential events in the teller's life. They are told in the order in which they are believed to have happened, and have a beginning, middle and end. Riessman (1994b) emphasises that social work researchers should preserve narratives, rather than fracture them. Narrative accounts are essential meaning making structures. We should respect respondents' ways of constructing meaning, and analyse how this is interactionally accomplished. Riessman says: "Culture 'speaks itself' through an individual's story." (Riessman, 1994b: 69).

Historians use the concept of "myth" to analyse life history (Samuel & Thompson, 1990). The concept of myth is not used to indicate untruth. Realistic accounts may be false, and mythical accounts may be truthful (Tonkin, 1990). Rather, the term recognises that narratives are told to make sense of the past and that this demands selecting, ordering, and simplifying in order to construct a coherent account (Samuel & Thompson, 1990).

The concept of myth also recognises that narratives often contain collective themes: "... myth is by definition collective, shared by many, supra-individual and inter-generational, beyond the limits of space and time." (Passerini, 1990: 50). In large numbers of life stories of small homogeneous groups constant factors emerge, whether omissions or fantasies (Peneff, 1990). It

is these themes that I set out to discover in the next phase of my analysis.

I found it helpful to be alerted to some of the most frequently found myths, including the self made man, the unhappy childhood, the modest origin (Peneff, 1990). I compared respondents' narratives with prototypical narrative constructions of men and women (Cruikshank, 1990; Hyden, 1990; Samuel & Thompson, 1990). I searched for paradox, contradiction, and "dominant tones" (Opie, 1992: 39).

Peneff recommends that we must use our experience and intuition to distinguish what elements of a life story are imaginations and what are observations.

We all, to a greater or lesser extent, falsify our social origins for various reasons: devotion to the family, a proof of our worth and merit, the honour of the family name. ... So no life story should be taken a priori to be an authentic account. You have to adjust the screen of what is said and portrayed; you have to judge the degree of distortion, the strength of the refraction, just as physicists calculate the angle that a prism gives to a ray of light.

(Peneff, 1990: 40-42)

Peneff's comments alerted me, yet raised the spectre of an insoluble objectivity versus subjectivity dichotomy. I found that my analysis advanced once I was able to move *beyond* concerns about the veracity of the content of people's stories. Instead I began to wonder about the significance of their choice of themes, and of the way in which they told their stories. Pivotal to these stories was the protagonists' perception of difference, from family, from other men or women, from school mates, or from other New Zealanders. Herewith I had come full circle, back to marginality,<sup>30</sup> my original core category. I was now ready to immerse myself in the theory surrounding this subject.

This required further theoretical coding and re-examination of data. As predicted by Strauss (1987), the thesis now moved forward considerably.

I had stumbled on the benefits of multimethod analysis. Had I planned to use these methods from the outset I would have paid more attention to seemingly unrelated narratives. I would

---

<sup>30</sup> This analysis will be elaborated in Chapter Six.

have asked people to talk about the meaning their stories had for them. On the other hand, the process may have been more contrived, and less convincing.

I was able to discuss my findings with several respondents, and they expressed surprise, affinity and agreement with these. From a feminist perspective, however, the level of participation of respondents was minimal, and I would seek to increase this in a future project. This will be facilitated when there is no embargo on a study, so that thesis chapters can be discussed with participants in follow up interviews.

### ***3.7 Presentation of the Thesis and Data***

A brief commentary on the written presentation of this thesis is in order.

I left high school and commenced my first degree at Canterbury University in the late 1970s. During this time I learned to expunge the first person pronoun from my writing. Initially this required some grammatical acrobatics, but eventually it became second nature. It was, so I was told, necessary in order to lend the written word an air of authority and objectivity.

By contrast, in qualitative research, particularly when feminist precepts are adopted, the researcher must acknowledge personal issues that impacted on the research, shortcomings of the methodology, and the intersubjective nature of the process. Therefore my writing in the present thesis is in places more personal, especially in this, the methods chapter.

Qualitative research cannot be replicated because the context in which it occurred includes the people who took part in it, and because the process has developed reflexively. The results are difficult to check. It is important therefore that the data collection and analysis are carefully documented, to leave an "audit trail" (Ryan & Denz-Penhey, 1996: 88). Including substantial quotes is a further means of opening data to inspection. This allows readers to judge interpretations made by the researcher (Opie, 1992; Reinharz, 1992). The writer must acknowledge that her interpretations are only a "... partial construction of reality, their power and 'truth value' inextricably linked to gender and social and ethnic status." (Opie, 1992: 42).

I do indeed acknowledge that in this thesis my individual perspectives, theoretical

underpinnings, and the information given by respondents, are interwoven. Because of this, I have included many quotes in the data chapters that follow. These allow the respondents to speak in their own voices, and allow the readers to track my analysis. This will inevitably allow new conclusions to be drawn, as befits a textual discourse.

While there are many quotes, readers may still note that respondents do not emerge as whole and substantial individuals. This is unfortunate, but deliberate, and relates, as I have already stated, to the need to maintain confidentiality. I have attempted to compensate for this in Chapter Four, by providing in depth documentation of Merv Hancock's thoughts on his historical move into independent practice.

### **3.8 *Summary and Conclusion***

In this chapter I discussed my methodological approach during sample selection, interviewing and analysing phases of the research project.

The decision to research colleagues, and to employ qualitative methods, led to concerns about bias and subjectivity. I attempted to deal with these through triangulation of methods, subversive reading, openness about difficulties that arose, and self examination. The psychotherapeutic concept of countertransference facilitated this self-examination.

Problems with self-reporting commonly arise when researchers ask subjects about processes such as decision making, value and identity changes. This is because respondents have limited ability to recall and analyse these processes and the changes that have occurred. They may also engage in impression management, and give answers that place them in a positive light, or that they think the interviewer wants to hear. I attempted to limit these difficulties by avoiding biased questions and self disclosure, and by approaching topics from several angles. During the analysis phase, postmodernist thinking also helped free me from the subjectivity—objectivity dichotomy, and encouraged me to attend to context and process, rather than content and "fact" finding.

I conducted the analysis of the data by employing both grounded theory and a narrative approach. This enabled me to test my core category of "marginality" from several angles and

this helped verify its validity.

Whilst there is neither a social work, nor a feminist method of research, my approach owes much to the ethical stance of both. Both acknowledge that the practitioner's self has a place in the work he or she undertakes, and that it is necessary to be clear about the place of the self to avoid contamination of processes. Both emphasise the importance of the researcher's responsibilities to respondents in the conduct of any enquiry, and recognise the value of giving voice to people's experiences. Finally there is a similar commitment to being politically alert, and engaging in a critical analysis of processes that perpetuate inequality.



## Chapter Four

### History and Socio-Cultural Context of Private Practice

*I remember people saying: "You're the first and this is an interesting thing to do!" and all. In a way I respected what people were saying to me about that, but I actually was, myself, aware that I was really part of something that was more a trend.*

(Hancock, 1995)

#### 4.1 Introduction

The American story of social workers' transition into private practice opens with Mary Richmond in 1895, and in New Zealand it starts with Merv Hancock in 1967. Interviews with Hancock, and the insights and information obtained through these, enabled me to elaborate the beginnings of private practice work in New Zealand, and the experiential aspects of these beginnings.

It is not uncommon for the causes of major events or changes in history to be attributed to pioneering or heroic identities; Florence Nightingale, Albert Einstein, Madame Currie, and Sigmund Freud are examples in other occupations. These apparently special people who affected the course of knowledge and practice, serve as role models for generations of following workers.

In Chapter Two I discussed the important part that narratives play in the construction of a cohesive sense of identity and agency (2.5.2). This helps explain the prominence given to pioneering stories. Yet there is a danger that their telling individualises decision making and obscures the contextual and inter-professional nature of occupational change. As this thesis will indicate, the surge in New Zealand private practice since the late 1980s may have less to do with the choices made by individual pioneers, and more with current economic and social policy, needs discourse, and inter-professional relations.

In this chapter I will account for contextual factors in the development of private practice. First in the United States, where social workers have been entering private practice since the turn of the century, and where they have received official sanction since the early 1960s. Next I examine the development of private practice in New Zealand. This development has occurred during a time of increasingly right wing government policies, and free market philosophies. I also examine the place of third party payments in creating the opportunity for private practice. Finally, I will comment on Great Britain and Australia, where practitioners and academics have noted a confluence of private practice development and "New Right" politics.

This chapter focuses on the emergence of private practice in the context of the growth of the personal problem market. In effect most of the history of private practice social work is the history of social work counselling and psychotherapy in private practice. As yet, few practitioners provide a wider range of services.

## ***4.2 The Personal Problem Market, and Private Practice in the USA***

### **4.2.1 The Emergence of the Personal Problem Market**

Current day concepts of self-awareness and self-determination are probably relatively recent phenomenon. It is thought that these did not become significant until the "Age of Enlightenment" in the eighteenth century, that celebrated the power of reason (Freedberg, 1989). Even so, the family unit and social group continued to be the significant units of reference, and problems with living were usually handled within those units, by the family, the priest, and sometimes a doctor or lawyer (Abbott, 1988). The spirit of benevolence took on a significant moral value during this time (Freedberg, 1989). Charity was dispensed by the churches, and families with means, the women of which might give alms and advice to the poor.

Another exponential development in individualisation occurred in the last quarter of the nineteenth century, when industrialisation created a need for a large urban workforce. Employers needed this workforce to remain productive despite the stresses caused by their new life-style, in which they became divorced and alienated from the products of their labour, and from the family network. Without social support, individuals had to adapt and become more

reliant on their own internal cohesion or strengths. Abbott (1988) suggests that, when this adaptation failed or broke down at all levels of society, difficulties became apparent as neuroses, psychosomatic disorders, drunkenness and absenteeism.

Rodgers (1978) casts a different light on some of these activities, instead viewing them as working-class resistance to the compulsions of the bourgeoisie's work ethic.

Regardless of their origins, industry's need was for these problems to be overcome in the interests of production, thus giving rise to a new market demand for diagnosis and treatment.

The emergence of the demand for effective treatment of working-class personal problems also provided an opportunity for female charitable workers to form into a profession of social work. Social work's professional founders appealed to scientific concepts, such as diagnosis and treatment, to legitimise their claims over professions such as the clergy, who lacked a "scientific" basis for their interventions. The assessments of the progressive clergy, who attempted to point to social systems failure as the cause of personal problems, held little appeal for the elite who benefited from the system, and they were therefore unable to gain sufficient financial support (Abbott, 1988; Franklin, 1986).

In the USA the social work profession split around two female founders. Jane Adams advocated social diagnosis and reform, while Mary Richmond (1917) advocated a casework orientation and was more interested in work with individuals and families than large social systems. According to Franklin (1986: 511), Richmond thought "... of environmental reform as an unwelcome distraction from the task of perfecting the techniques of casework."

Richmond's orientation would appear to have reflected the needs of the market for a well adjusted workforce. It promised more status for social work than did Adams' views, because it aligned with the dominant discourse about personal problems that was promulgated by the dominant specialist medical and psychiatric professions. Consequently Richmond was better

supported by the establishment that funded charitable organisations, and by social workers who sought professional status.<sup>31</sup>

Initially the male professions of clergy, neurologists, and later psychiatrists and psychoanalysts vied to treat the middle-class casualties of industrialisation and consequent social atomisation. Here too, the clergy lost much ground because they lacked "scientific" treatments. When medical non-specialists became less interested in treating cases for which neurologists appeared to have a system of diagnosis and treatment, a large market opened to potential newcomers. Growing numbers of psychiatrists who felt dissatisfied with unsuccessful institutional treatments were becoming interested in the prevention of insanity. Many joined with neurologists in redefining the mental and nervous diseases, particularly between 1890 and 1920. By the 1920s psychologists had also entered the personal problems market, specifically in the area of personality testing, which while of little benefit to individual sufferers, was of benefit to industry and to schools (Abbott, 1988).

#### 4.2.2 A Pioneer of Private Practice—Mary Richmond

It was in this context, where individual rather than social causes were attributed to problems of living, and where social workers sought improved status by aligning with medical and psychiatric specialists, that Richmond first undertook private practice counselling. While working for the Baltimore Charity Organization Society in 1895, one of the volunteers for the agency approached her after hours, for a consultation. The volunteer offered to pay and Richmond accepted the money, apparently for the benefit of the agency's poor clients (Barker, 1984; Courtney, 1992). What generally remains obscured in the retelling of this story, is that this exchange of fee-for-service took place in a free enterprise economy, where such transactions were widely accepted in other spheres of life.

Richmond's sampling of private practice did not lead her to abandon her other work, and it is unclear whether she ever engaged in private work again. She did come to believe that social casework was as useful to the middle-classes as it was to the poor. She also came to believe that

---

<sup>31</sup> Reynolds (1934) raised early concerns that social workers are not able to practice their profession in an ethical way when an elite class of wealthy and powerful forces control the services that exist to maintain the status quo (in Freedberg, 1989).

psychoanalysis was the scientific method of choice for treating the individual (Franklin, 1986).

Psychotherapy was initially one amongst many treatments for personal problems, but by 1905 the influence of psychoanalysis in particular was growing (Abbott, 1988). Psychoanalytic theory appealed to the industrialists' need to locate personal problems in the individual psyche. It also offered a rational and systematic pseudoscientific model of the workings of the human mind that appealed to Enlightenment ideals of grand theory. The First World War, and psychotherapeutic successes in the treatment of war time neurosis further enhanced psychotherapy's profile.

#### 4.2.3 Growth in Social Work Private Practice

By the 1920s psychiatric social workers were eager to seek independence from supra-ordinate professions in the institutions in which they worked. Psychoanalysis offered a chance of greater autonomy, particularly in private practice. It also offered an opportunity to work with more prestigious middle-class clients and to earn additional income. Because there was no official sanction for their activities, many practitioners kept their part-time business ventures secret, or called themselves psychotherapists (Courtney, 1992). By 1940 there were still only approximately 4 (acknowledged) full-time private practitioners, although 36 social workers worked in part-time private practice (Wallace, 1982).

Following World War II there was a rapid increase in private practice, mirroring a renewed interest in psychoanalysis world wide. This increased interest developed when soldiers returned from war, and emotional and family disturbances replaced the problems caused by the earlier economic crisis of the Great Depression (Freedberg, 1989). NASW estimates 3000 of its members were in private practice by 1956 (van Heugten, 1994).

Theorists began to attempt to understand social work private practice as a phenomenon. Levenstein (1964) hypothesised that private practitioners constituted a "deviant subgroup" that was responding to stresses and strains that were present throughout the profession. He predicted that private practice would eventually influence the direction of the profession as a whole (in Wallace, 1982: 263).

Levenstein's ideas are compatible with theories about the adoption of innovations, and the

transmission of information, by marginal subgroups (Weimann, 1982), (see section 2.5.3.3). His comments also converge with Freidson's (1994) entreaty, that we should not rule minority views within a profession out of bounds, lest this hinders our capacity to later trace the ways by which the profession itself changes (2.3.3).

Wallace states that Levenstein's prediction about the influence of private practitioners was accurate, and a private practice led movement to professionalisation eventually profoundly changed the shape of social work in the USA.

The increase in numbers of private practitioners lent force to calls for official recognition, which came in 1958 when NASW recognised private practice as legitimate by including it in its description of the fields of social work. This meant private practitioners could now be more open about their fee-for-service ventures, legitimately claim the social work designation whilst engaged in this work, and seek support from the professional association for their concerns. In 1962 NASW voted for minimum standards for private practice, which included a master's degree from an accredited school of social work; professional certification in the Academy of Certified Social Workers (ACSW); and five years of approved, full-time, supervised agency employment. The supervised agency experience had to be in the speciality of one's private practice. There have been minor modifications of these standards since then (Barker, 1984; van Heugten, 1994).

Practitioners also sought to achieve state sanctions for their work, such as licensing or registration, and to achieve equal standing and the privileges accorded to other occupational groups, such as psychiatrists and psychologists, that carried out a similar task. A sudden flood of demand for psychotherapy during the individualistic 1970s aided their cause.<sup>32</sup> Due to a lengthy training period, psychiatry was unable to expand rapidly to meet this demand. Meanwhile psychologists and especially social workers were available to do so. Psychiatry eventually retreated to its biological and psychopharmacological domain, and conceded the psychotherapeutic world to these other contestants. Medical discourse reverted to emphasising

---

<sup>32</sup> In Chapter Two the emergence of more and more individualistic orientation during the 1970s and 1980s was explained as a consequence of the "affluence effect", where a marked increase in confidence reshaped values away from conservative, family, and materialistic values to more intrinsic, self development orientated ones (Yankelovich, 1994: 19), (2.5.1).

the biological nature of personal problems (Abbott, 1988). Consequently there was little resistance to the efforts of social work private practitioners to gain third party status.<sup>33</sup> By 1980 legal sanctions had increased, and social workers in many states achieved licensing and vendorship agreements with third party payers (Wallace, 1982).

Not all commentators have applauded the direction of these achievements. Courtney (1992) writes:

... it can be argued that the growing influence of private practitioners within the profession has contributed to the tendency of the profession over the past 20 years to use more of its political influence to push for licensure and vendorship than for services to the needy or better working conditions for public agency social workers.

(Courtney, 1992: 211)

Walz and Groze (1991) comment on the significant shift in the socio-economic backgrounds and values of those attracted to social work during the 1970s and 1980s. The new workers no longer came from blue collar backgrounds whose values were religion and the work ethic.<sup>34</sup> Instead the majority were second and third generation middle-class women who had grown up insulated from the problems of the poor, and were inspired by the secular philosophy of science. With the change in composition of the social work cohort there came a deepening of the change in emphasis of social work interventions to dealing with the family, and frequently individuals in the family, rather than the poor. "The new direction tends to ignore the plight of post-industrial poor people, and to serve the needs of people who could be served through regular free market channels." (Walz & Groze, 1991: 502).<sup>35</sup>

---

<sup>33</sup> I use the terms "vendorship schemes" and "third party payers" interchangeably. Saxton (1988) defines vendorship as "... having acquired the status of recognition by purchasers as a legitimate ... seller of services or goods that they are interested in buying. ... In social work, vendorship originally became an issue in the provision of health care and, more specifically, in the effort to gain reimbursement for providing psychotherapy on the same basis as other professions that offer similar services to treat mental or nervous disorders." According to Saxton, the services reimbursed have since extended to other areas of practice, and the meaning of vendorship may refer to various financing systems (Saxton, 1988: 197). See section 4.3.4 of this chapter for a discussion of New Zealand vendorship or third party payment issues.

<sup>34</sup> During the 1940s and 1950s social workers were of mixed gender and from blue collar backgrounds, in contrast to the female upper-middle-class workers of the early years (Walz & Groze, 1991).

The increase in social work private practice led to fears that large numbers would leave agencies and abandon the traditional clients of social work. These ideological concerns have fuelled a fierce debate about private practice in the professional literature, although this appears to have only peripherally affected those engaged in practice (Wallace, 1982).

Concerns in academic circles are fuelled by rising proportions of social workers in private practice, from 10.9% in 1982 to 15.3% in 1987 (NASW report 1987). Studies show that frequently social work students are already planning a private practice career when they enter graduate school. Some studies indicate that most students have such plans (Butler, 1990; Rubin & Johnson, 1984). Even the more conservative estimates are based on research that indicates about a quarter of students intend to eventually enter private practice (Abell & McDonell, 1990). The practice interests of these students are primarily in psychotherapy and family therapy. Research findings indicate that an interest in social action, community work, and research, contraindicate private practice (Butler, 1992, 1990; van Heugten, 1994).

Today, the private practice of social work in the United States is about psychotherapy. The success of social work's jurisdictional claims making in this domain has been such that social workers now undertake the majority of psychotherapy (Barker, 1991a; van Heugten, 1994).

Opponents of private practice assert that the distinguishing characteristic of social work is its focus on the social context in which problems emerge. Its most valuable interventions help individuals or groups understand, and utilise or change elements in their social contexts (Specht, 1991; van Heugten, 1994).

It has been argued that, in a business oriented private practice, psychotherapy and counselling become the treatments of choice, not because they best serve the client, but because they are reimbursable. Private practitioners rarely offer their services free to community groups, and

---

<sup>35</sup> As mentioned previously, the shift to a more individualistic value orientation amongst American social workers during the 1970s and 1980s reflects general value changes identified by Yankelovich (1994). Later in this chapter it will become apparent that the New Zealand and British social work value orientations during these years correspond more closely with Banks' (1995) assertion that there was an increased awareness amongst social workers that treating personal problems obscured structural inequalities in society (2.5.1, 4.3).



community responsibilities are abdicated or "delegated" to agency colleagues (Kurzman, 1976; van Heugten, 1994).

Other objections focus on social work's philanthropic roots, and stress that social workers primarily concern themselves with the disadvantaged, the poor, and social justice issues. These concerns become lost in a fee-for-service practice that is most accessible to the middle-classes (Rhodes, 1992).

The advent of radical social work during the 1970s and 1980's strengthened such ideological arguments and for some time social work theoreticians focused on critiques that stressed how "... the overall result of capitalist ideological influences has been to produce a perspective on practice that is highly individualistic." (Leonard, 1975: 49), (see also 4.3.1, 4.3.2, and footnote 41).

Apart from these ideological concerns, Saxton (1988) thinks it would be better to develop social work's unique knowledge base and social mission. To attempt to establish credibility in a field that other professions have already claimed, is to pursue irrelevance. In terms of Andrew Abbott's (1988) theory of the professions, this translates to a concern about excessive diversification of jurisdictional areas, with resultant abstraction of the social work knowledge base, leading to exchangeability with other disciplines (2.3.2).

Some commentators warn that the field of psychotherapy is becoming marginalised. Fewer Americans now seek psychotherapeutic assistance (Specht, 1991). Vendorship schemes use social workers because social workers are cheaper than other professionals. Case managers dictate treatment plans to reduce costs, thus diminishing the autonomy and concomitant prestige of those private practitioners dependent on these schemes.

Proponents of private practice counter with arguments that social work is not about philanthropy but about knowledge, skills, and values (Levin, 1976). They suggest that social workers have much to offer in the field of counselling and psychotherapy, because their systems perspective counters the prevailing medical and purely intra-psychic models that inform many other disciplines' approaches to therapy. They hold that private practice does not cause a shortage of competent workers available to agencies (Barker, 1984). They point to the prestige and

professionalism that have accrued to all social workers due to the efforts and achievements of private practitioners in obtaining licensing and registration (Barker, 1991b).

### **4.3 *New Zealand Social Workers' Entry into Private Practice***

#### **4.3.1 The Emergence of the Personal Problem Market**

McDonald (1998) suggests that the value system of the Pakeha colonists of New Zealand was rooted in the residual model of welfare, that advocated the benefits of moral discipline and industriousness, and required recipients of benevolence to be deserving.

It seems likely that the problems of industrialisation affected New Zealand differently from other Westernised nations, at least initially, because of the high proportion of single itinerant male immigrants who began arriving from the early 1800s.

From the early to the mid nineteenth century, there was little differentiation in the treatment of male convicts, vagrants, delinquents, drunkards, and the mentally ill. All were "... herded together in foul and often makeshift places of punishment." These places and practices were condemned by humanitarians and goalkeepers who were particularly sympathetic to the plight of the (less blameworthy) mentally ill, and this led to the establishment of the first separate "lunatic asylums" in 1854 (Brunton, 1972: 46).

However, McDonald (1998) states that, even until the 1980s, due in part to the constraints imposed by New Zealand's small and wide-spread population, and its small scale economy, much institutionalised care continued to be provided in multipurpose institutions by officials with multiple roles. For example, delinquent children were housed together with dependent children in need of care and protection. Well into the twentieth century, the police performed many social control functions, such as inspecting child fostering and adoption arrangements.

By the end of the nineteenth century, the demographic characteristics of the population had altered. The Liberal Government introduced old age, widows' and orphans' pensions. In 1925, a unified child welfare scheme was established. McDonald suggests that social welfare purposes (as opposed to health care provisions) were considered pivotal in maintaining social order, and

were kept under central government control for this reason.

New Zealand was proud to claim its status as a "Welfare State." But it appears that there was a prevailing notion that adequate welfare provisions and kindly but firm moral education would suffice in dealing with social problems, so that professional social work education was not warranted.

If welfare is regarded as largely a matter of book-keeping and efficient administration then specialists in the shape of trained social workers, psychologists, remedial teachers and assorted kinds of therapists are almost unnecessary. Kind hearts and cash boxes will carry the day, and Acts of Parliament will provide all the necessary expertise.

(Robb, 1966, quoted in Daniels, 1979a)

Whilst voluntary and low paid positions were largely filled by women, positions of power within the statutory welfare system were generally reserved for men. Similarly non-state services showed a preference for appointing ordained men to senior positions (McDonald, 1998).

The idea that professional social work education was unnecessary prevailed for many years. Consequently, as McCreary (1972) states: "It is probably true to say that New Zealand was the last country in the world with a majority population of European origin to introduce professional university based training for social work." (quoted in Daniels, 1979b).

However, some changes were occurring that challenged the dominant view about social work education. Following World War II communities and families were strained when men returned from overseas. Urbanisation had increased, with accompanying social atomisation. Simple kindness and financial provisions did not appear to provide sufficient relief for the complex social problems that arose as a consequence. New Zealanders were now also less isolated from overseas professional ideas and information as global communication improved.

Finally, in 1950, government approval was obtained to establish the first social work course at the Victoria University in Wellington. The course led to a Diploma in Social Science, rather than a Diploma in Social Work, and the story goes that this was done to overcome political concerns that the latter would imply the failure of the New Zealand social welfare system

(McDonald, 1998).

There were fourteen students in the first intake. Teaching was based on the British model, and included courses on social administration (social policy), and social casework (Hancock, 1995).

Graduates found work in public health, the Education Department's Child Welfare Service, the Justice Department, and voluntary agencies.<sup>36</sup> Due to the scarcity of formal qualifications, they often rose quickly to positions of responsibility (Nash, 1997).

There was no rapid expansion of educational opportunities; most social workers continued to be recruited from other occupations such as teaching, nursing, and religious ministries, and were provided with additional training "on the job". McDonald (1998) suggests that this diversity compromised the possibility of achieving a unified profession of social work, with a shared purpose and value base.

The establishment of NZASW in 1964 fuelled the call for improved educational opportunities, but without immediate success, resulting mainly in the establishment of pre-professional courses and ad-hoc extension courses (Daniels, 1979b; McDonald, 1998; Nash, 1997).

In 1972, the Department of Social Welfare was established, amalgamating the Social Security Department and the Child Welfare Division of the Department of Education. This brought into existence the official designation of statutory social worker. The new department gave more impetus to the call for increased professional training. This was strengthened with the establishment of the New Zealand Social Work Training Council in 1973. Within two years three more university based professional social work training courses were established: at the University of Auckland, Massey University in Palmerston North, and the University of Canterbury in Christchurch. The University of Auckland program folded in 1981, however, coincidentally a new course was established at the Auckland College of Education (Daniels, 1979a, 1979b; McDonald, 1998). Today Otago University in Dunedin, and several Polytechnic Institutes also offer 'B'-level qualifications.

By 1977, only 11% of social workers in Government Departments (including Social Welfare,

---

<sup>36</sup> An imprecise but well-recognised term indicating secular and religious not-for-profit agencies (Macdonald, 1998).

Justice, and Maori Affairs) and Hospital Boards held a professional qualification in social work. The majority of supervisors were also unqualified. The largest concentration of qualified social workers was in the Hospital Boards, with just over 30% (Daniels, 1979a; Rochford & Robb, 1981). Despite the increase in educational opportunities, even today only about half of all social workers hold a professional qualification (McDonald, 1998).

There is no registration for social workers, and as a result any person may claim the title.<sup>37</sup> Membership of NZASW is voluntary, and membership was low for many years due to this, and, according to McDonald (1998: 22), because in a country with a majority of unqualified workers many were averse to the Association's perceived interest in professionalisation. They "...spurned the inherent elitism of the training commitments of NZASW ..."

The spurning of membership may also have been an expression of the political and ideological divisions that existed during the 1970s and 1980s. These were expressed in dualistic ideas about the self-interests of professional social work and the social justice concerns of radical social work (Barretta-Herman, 1993; Nash 1997). As Nash writes

During the 1970s and 1980s there were fierce and at times bitter debates between those who held a conventional view of professional social work and those who regarded social work as intrinsically part of the radical movement toward a more just and equitable society, in which client self-determination would be taken seriously. Radical traditions informing social work gained expression in these years.

(Nash, 1997: 16)

There were several abortive attempts to introduce a form of voluntary membership registration through academic credentials, until finally, in 1989 a process of competency based accreditation was established in which applicants must provide evidence that they meet ten standards of practice (McDonald, 1998: 22). "Competency certification as the basis for membership effectively allowed the issues raised by talk of registration, professionalism, academic qualification and elitism to be conveniently sidestepped." (Randal, 1997: 17). Membership numbers have increased steadily since this time, and membership is sometimes required as a condition of employment by agencies.

---

<sup>37</sup> This complicates attempts to gain reliable and comparable statistical information.

Because the private practice of social work is largely concentrated in the area of psychological counselling and psychotherapy, I will next briefly address the major developments in this area in New Zealand.

As mentioned previously, the first separate "lunatic asylums" were established in 1854, and at first it was believed that non-restraint would lead to a cure of most people with mental illnesses. Soon this idea was disproved, and asylums became overcrowded. As a consequence of lack of room, staffing shortages, and lack of effective treatments, there was a return to the days of mechanical restraint. The emerging power of the medical model, that was becoming more effective in treating physical ailments, held out new hope that replacing lay administrators with medical superintendents would also provide answers to mental health problems. During the 1880s the government appointed medical superintendents to most asylums. However, this did not lead to a cure of patients, and gradually hopefulness diminished. New Zealanders insulated themselves from mental illness through segregation and physical and psychological barriers. Institutions were located outside of populated areas, and patients typically received few visitors (Brunton, 1972). Medical staff continued to remain powerful forces in the institutions, although, until the advances in drug therapy of the mid to late twentieth century, the status accorded to the custodians of psychiatric patients (including medical and nursing staff) was probably considerably less than that of their counterparts in general medicine.

By all accounts, the psychological therapies made a late appearance in New Zealand, although by the end of the nineteenth century psychology was already being taught, as Moral and Mental Science, within university departments of philosophy. The teaching of psychology was strongly influenced by experimental psychology and the structuralist school, although behaviourism was also gaining in popularity. However, there appeared to be only minimal teaching of the ideas of Sigmund Freud and the psychoanalytic schools (St George, 1990).

From the 1920s university teaching staff began to call themselves psychologists, and by 1925, New Zealand students were being examined by British psychologists, rather than by philosophers. Psychology and Education Departments fostered alliances, and the 1920s and 1930s saw the application of psychology through the education system. By the early 1950s the "Psychological Division" was a separate entity in the education service, and specialised training

of educational psychologists had begun (Small, 1984). The involvement of psychologists in the central and respected fields of education and vocational guidance prepared the ground for recognition, community trust, and increasing autonomy.

The Second World War and its aftermath also contributed to the advancement of the place of psychology, through the value placed on psychological testing in the military. Psychology in industry was developed through the Industrial Psychology Division of the Department of Scientific and Industrial Research.

Clinical psychology had a slower beginning, and lacked formalised training until the late 1960s. Initially, clinical psychologists appear to have been considered a subversive influence during the 1950s and 1960s, when they began to question the efficacy of psychiatric hospital management of patients and treatment regimes (St George, 1990).

Slowly the reputation of clinical psychology improved. Dobson and Kirk (1980) surveyed 259 psychologists during 1977 and found that clinical practice and counselling were the major activities in all employment categories except universities. Involvement in management was high in government and private sectors, and teaching, training, and advising of other personnel were common activities. As many as 10% were engaged in private practice. Interestingly, however, psychologists in private practice had less post qualification experience than those in other fields of practice.

Government appears to have more readily supported the education of psychologists than that of social workers, perhaps because psychology offered positivist answers to problems, in a manner that did not threaten the reputation of New Zealand's status as a world leader in successful welfare provision.

The growing development of interest in psychological therapies is further illustrated by the history of the New Zealand Association of Psychotherapists (NZAP) (initially including counsellors), that commences as follows.

In 1940, Dr Maurice Bevan-Brown returned to Christchurch following study and employment as a psychiatrist and psychotherapist in Britain. On his return "... he encountered 'a psychiatric

wilderness'. Medical students received little psychiatric training and almost no appreciation of the neuroses and psychosomatic medicine." (Manchester & Manchester, 1996: 11). Initially Bevan-Brown's psychoanalytic ideas were met with scepticism, but gradually there developed a community of medical and "lay-people" interested in psychoanalytic psychotherapy. In 1947 NZAP was established in Christchurch. Courses were "... to be suitable for social workers, child welfare workers, teachers, nurses, medical students, ... and provided a preliminary training for a selected group to proceed to professional [psychotherapy] training." (Manchester & Manchester, 1996: 25).

Meanwhile, during the 1960s Carl Rogers' approach to counselling became influential in New Zealand, initially through the Marriage Guidance movement. An Auckland cleric had learned Rogers' approach to counselling in the USA, and decided to train Marriage Guidance volunteers in his method (Hancock, 1995). Social workers, who were increasingly seeking training, and probably acceptance and status, were also becoming attracted to these person centred theories and methods.

Over a period of years, the intra-psychic discourse continued to grow in popularity and public acceptance. Nevertheless, there remained a general expectation that the state would provide for health and welfare needs, and social workers especially remained closely identified with state funded welfare services.

#### 4.3.2 A Pioneer of Private Practice—Merv Hancock

I will now illustrate the emergency of private practice social work in New Zealand, through the experiences of its pioneer, Merv Hancock.

Private practice is a much more recent phenomenon in New Zealand than in the USA, and because of this I was able to interview Hancock in 1995. As a consequence of his availability to be interviewed, and because Hancock is a sagacious sociologist (he was president of the Sociological Association), his story highlights the multidimensionality of the transition to private practice—the interplay that exists between social context and individual constraints and aspirations—more fully than the story of America's Mary Richmond.



It appears that Hancock was, in fact, not quite the first person with a social work qualification to venture into private practice. By 1966 one of the early graduates of the Victoria University course,<sup>38</sup> was moonlighting as a private practitioner for approximately 2 days per week from a doctor's surgery. A general medical practitioner had invited him to do this work, because he thought counselling would be of help with some of his difficult patients. Peter<sup>39</sup> was employed as a psychologist at this time, so this was not a coup for social work. The request does indicate a growing acceptance of therapeutic interventions for personal problems, and of private payment for such services.

When Peter was offered a significant promotion in a different city the opportunities of advancement outweighed the attractions of private practice, particularly in the face of its financial insecurity. He did not return to private practice for over 25 years.

In February of 1967, Hancock, who was also a graduate of the first intake of the School of Social Science, entered full-time private practice. In an interview with me during 1995, Hancock identified a number of factors that led him to his decision.

Hancock was forced to consider alternatives to his current employment when, following workplace expansion and restructuring, he lost his management position to another applicant. To retain an equivalent position Hancock would have had to move cities. However, his family did not want to shift from Palmerston North at this time. He needed to find a resolution that would enable him to retain a position that suited his professional potential and self image, and would assist him to remain in harmony with his personal system. Clearly, multidimensional factors affected Hancock's deliberations, thus confirming the aptness of Sloan's (1987) model of decision making (2.4.1).

Now, in Palmerston North. Palmerston's been a growing city since the War, and continued on that track during the sixties. I went there in 1960 as the District Officer, District Child Welfare Officer, and for those first six years the caseload escalated, the service grew, everything about it was in a period of growth. And in the last year I was there the district was re-graded, and I had applied for my own job, and was appointed. But a colleague of mine, a

---

<sup>38</sup> A respondent to my research.

<sup>39</sup> Not his real name.

person I knew well, much older, appealed against that within the public service system. Now, he won his appeal at the end of 1966 ... and that meant that we were going to have to shift. ... Whatever were the factors, neither Alison nor the children wanted to shift at that point. And it was only at that point, when I was confronted with those issues—What were the options? And then immediately one of the options became to move into the private sector. So I made the choice, decided to move out of the State sector, and set up in private practice. And that all happened within, the notice, I got the notice probably early November, and by February I was going into private practice.

(Hancock, 1995)

While his decision appears to have been sudden and provoked, Hancock had been aware for some time of the potential for private practice in the social work field. During his years of involvement in the Child Welfare Service, he had become conscious of an unmet demand for counselling services. This, combined with his familiarity with the idea of private practice, derived from several visits to the USA (once as president of NZASW), enabled him to discern a market opportunity, that would provide a solution to his dilemma.

... I went back in 1966 and spent a month in the United States, and then I went to the UK and to the Soviet Union. And when I got back, and all this happened, later people have said to me: "You got that idea when you were in the United States." And I said: "No it had nothing to do with that directly." But I was aware, both from my experience a decade before when I'd spent three months in the United States, that there were social workers who were in private practice. But I don't think that had a lot to do with it. That was said certainly.

(Hancock, 1995)

Hancock also recognised, with hindsight, that there were factors in his life history, that shaped his desire for autonomy, and may have bestowed extra appeal on the notion of independent practice.

I think also it is true to say that our family history, my father and my mother, but my father in particular, liked to be an independent worker. Not in highly professional jobs, just wanted to be an independent worker. And I think in retrospect that may have been more significant. Although, when I made the decision that sort of consciousness was not uppermost.

(Hancock, 1995)

Because of his commitment to social work's systems perspective, Hancock planned to provide marriage and family counselling, rather than individual intra-psychic therapy. He also wanted to be accessible to poor clients. At first he was uncertain that his venture would be financially viable. He resolved his insecurity by establishing a contract with Massey University,<sup>40</sup> which afforded him a regular income.

From some social work quarters Hancock met criticism based on the notion that a fee-for-service practice necessarily leads to the abandonment of social concerns. He disputed that.

I don't see any necessary reason to think that because you go into private practice that you've sold out to the bourgeoisie and you've sold out to the dominant class in society. I don't see that.

(Hancock, 1995)

During the 1970s in particular, there was a swing in social work towards a more radical social critique that was critical of working therapeutically with individuals (Banks, 1995; Davies, 1991), (2.5.1). While Hancock was not unsympathetic to this political view, he "... also was extremely sad that they were jettisoning work with individuals and work with small groups, because [he] felt that that was actually giving people up to no activity." He "... fought against [the] line ... that ... its the revolution we're going for, the individual don't count. Let's go for the revolution and if a few people get knocked over in the revolution well that's part of it." (Hancock, 1995).<sup>41</sup>

---

<sup>40</sup> Hancock was contracted to provide advice for the development of a student counselling service.

<sup>41</sup> The dichotomising of radical social work and casework may be based on misconceptions about the intent of writers whose criticisms are directed to economic individualism, and are not intended to deny the relevance of individual suffering (Galper, 1975; Statham, 1978). Galper writes:

It is well to remember, too, that psychoanalytic theory, while generally identified as a conservative force in social work, was identified with radical political thought and thinkers at the time of its introduction to the United States. Although it became transformed, the use of psychoanalytic thought as an underpinning for a true human liberation, along with the use of casework as a liberating tool, was understood by some.

(Galper, 1975: 167)

Hancock had noticed that in the 1990s some of "... the community workers now have gone on, many of them to move over into the therapeutic fields. Sort of a paradox, so I'm not surprised by that." (Banks, 1995), (2.5.1).<sup>42</sup>

Fellow members of NZAP, conversely, had difficulty with what appeared to them to be Hancock's sociological approach.

I was very much interested at that time, and still am, in communication theory and in role theory, which were very much more part of the sociological tradition rather than the psychological tradition as such ... So this made me a bit of an odd-ball in the Psychotherapy Association, and it has tended still to create difficulties. ... theoretical difficulties. People tend to find it difficult if they find that I'm neither into TA nor into Gestalt nor into Jungian and nor into analytic material, and I'm right into sort of the nature of the social interaction and the way people are working and those sort of things. They find that a little puzzling you see, and they can get sort of ... —"Probably not psychotherapy." Which of course it is, but that's the way it seems.

(Hancock, 1995)

Amongst the significant philosophical influences during his lifetime, Hancock counts the seemingly disparate theoretical and ideological perspectives of Marxism, Humanism, Christianity, and Psychoanalysis. His conviction led him to attempt to straddle the boundaries of the social sciences, including sociology, anthropology, history, and psychology. He perceives there to be a false dichotomy between psychology and sociology, macro and micro approaches. As Hancock discovered, in the attempt to be inclusive, one may become somewhat marginal to all sides.

---

Pearson (1975a), in a chapter of Bailey and Brake's well-known *Radical Social Work*, further emphasises the need to maintain an interest in the plight of individuals, lest political slogans become empty rhetoric. In the same work, Leonard (1975) advocates an integrated approach to social work that avoids dichotomising radical social work and casework. His paradigm involves political "conscientization", critical systems analysis, and integrated methods approaches. Key methods include political consciousness raising of consumers through education, linking people with systems, and building counter-systems.

<sup>42</sup> Banks (1995) attributed these changes in social work values to the influence of New Right ideology (2.5.1).

Hancock continues to maintain a small private practice. He now mainly provides supervision, occasional lectures and workshops, and acts as a consultant to community groups and social service organisations.

#### 4.3.3 The Growth of Private Practice

By 1971 there were still only two full-time private social work practitioners in New Zealand, although others were undertaking part-time private work (Education and Training Committee NZASW, 1971).

Psychologists and NZAP members were the incumbents in the fee-for-service counselling and psychotherapy market, but during the early 1970s NZAP had become concerned that its membership was no longer rising. Decisions were made to improve the status of non-medical members, and in 1974 the Association changed its name to The New Zealand Association of Psychotherapists, Counsellors and Behaviour Therapists. Full membership was specifically accessible to those who held "... a university degree with relevant content such as Psychology, Sociology or Education, or ... *a diploma or degree in social work from a recognised school of social work*, or ... a Masters degree in Psychology, or [were] a nurse with postgraduate qualifications, ..." Applicants for membership also had to satisfy further experience and training requirements (Manchester & Manchester, 1996: 58, italics added).<sup>43</sup>

By the late 1970s and early 1980s Transactional Analysis, Psychodrama, and Gestalt Institutes were running psychotherapy training courses and workshops on a regular basis. Social workers, and particularly psychiatric social workers attended these training events (personal observation). It was common for attendees themselves to undergo psychotherapy. Some came to see private

---

<sup>43</sup> The name was again changed in 1982, to the New Zealand Association of Psychotherapists and Counsellors, and finally returned to be the New Zealand Association of Psychotherapists in 1989, following "Discussion ... in which concern was expressed by some that counsellors were being excluded. Reference was made to 'major philosophical differences' between counselling and psychotherapy. The consensus seemed to be that there was point in clearly delineating the boundaries and clarifying the professional role of psychotherapy and in working towards 'a separate occupational class for psychotherapists'." ( Manchester & Manchester 1996: 91). In 1989 it was also decided to seek affiliation of NZAP to the Council of the New Zealand Medical Association (Manchester & Manchester 1996: 82, 91-94).

practice as an attainable, if long term goal.

By the 1980s some social workers were becoming disillusioned with the potential of the radical social work movement to achieve social systems changes at a macro level. Change on a smaller scale seemed more achievable and created less conflict for social workers in their workplaces. The family therapy model became popular, and this also added impetus to the interest in counselling and therapy techniques amongst social workers. Almost all social workers practised these techniques in the public welfare and voluntary agency settings. The general perception was that New Zealanders would be unwilling to pay for counselling themselves. One respondent said:

CHRIS: New Zealanders at that time were still very much a "If I've got any problems I can sort them out myself, and if I can't I'll go somewhere to get some help where I don't have to pay." That's changed in the twelve years, people are much more willing to pay now but we were still very much, I mean that was 1984, that was just the tail end of 1984 when Lange and Douglas came in, so we were all hanging off the government ..., that was our mentality, I mean that's what we knew ...

Social Democratic Keynesianism, with its emphasis on market intervention and social welfare ideology, held sway in New Zealand from 1935 till the late 1970s (Roper & Rudd, 1993). By 1984, the Fourth Labour Government had begun a New Right neo-classicist program to liberalise the economy. Market forces and competition, rather than government intervention, would be used as a means of regulating the economy. Despite promises to the contrary, by the late 1980s the Labour government was applying commercialist principles to many activities of former state operations following recommendations by Treasury (Easton, 1997).

Commercialisation and corporatisation became strategies applied not only to state trading activities but even to public welfare activities.

... in a Treasury squeezed between revenue shortages and spending pressures, it was easy to believe the (unproven) notion that if only the public sector was run on private sector lines it would attain the essential public objectives at a lower cost (since the theory said that the

private sector was always more efficient than the public sector).

(Easton, 1997: 26)

There was a significant shift in ideological objectives, whereby by 1989 only the imperative to maintain price level stability remained of the former Reserve Bank Act Section 8 objectives that had previously included the maintaining of high levels of employment, production, and trade (Roper & Rudd, 1993).

The application of a commercial "profit as purpose" strategy to public welfare concerns such as health, social welfare, and justice, had wide ranging implications. There was frequent "restructuring" of organisations, sometimes with mass redundancies, changes of names, and the creation of "corporate" images.

One of the strategies employed to improve the commercial functioning of state owned corporations and enterprises was the introduction of generic managerialism. The principle of generic managerialism was based on the idea that generic managers would be loyal to management policy rather than to their professional background ideologies, and therefore they would be more ready to pursue efficiency in the organisation. However, generic managers had no institutional knowledge (Easton, 1997).

The traditional culture of the public service, skilled in dealing with ... detail, was gutted, to be replaced by something which was more inefficient, failing to provide the service and security that was promised.

(Easton, 1997: 181-82)

This situation was not unique to New Zealand; the New Right affected professions internationally. In Britain, Thatcher's government attacked the basis of professions employed by the state, by decreasing their rewards, or reducing their autonomy by increasing managerial control (Abbott & Wallace, 1990a). Simultaneously, calls for increasing accountability, and media and public enquiries into social work actions led to growing frustrations.

In 1994 Professor Ian Shirley pointed out that the New Zealand Children and Young Persons Service had undergone nine re-organisations in as many years (Fulcher & Ainsworth, 1994).

Many social workers and other public welfare workers became disillusioned and "burnt out"<sup>44</sup> during this time.

GEOFFREY: But I did not think it would get this bad. No, no, that was hard, it has been hard to believe just how much they are destroying the system.

In New Zealand there had traditionally been an ambivalent attitude towards private enterprise and business. Now, however, with a cultural shift in attitude to business, even social workers previously committed to public service found their values changed with the mood of the times.

ANDREW: ... I think that's had an influence on me too, you know, the kind of political and ideological shift that's occurred in the '90's and the late '80's in New Zealand. Its almost like—I don't agree with it, but it seems like the message has come through with the advent of Rogernomics—it's okay to be greedy, it's okay to go for yourself and go for what you want and to hell with the rest of them, the bloke next to me, whatever.

KATE: Its somehow rubbed off a bit?

ANDREW: Yes, I think it has. I'm sure it has. It is as if it's more acceptable. And it seemed to me too, that there has occurred in New Zealand business working circles, more of a shift to entrepreneurial independent self-employed people, and in a number of areas, as there's been attrition and cut backs in the public sector. People have been going out and setting up for themselves as consultants and this, that and the next thing and hearing about this and reading about this and learning of it in so many areas, you know, the notion of working from home and how with the advent of new technology

---

<sup>44</sup> Freuderberg (1974) first used the term "burnout". It has come to be seen as a process that occurs in people, particularly human services professionals, who are subjected to long term and unresolved stress. The symptoms of bunout include emotional exhaustion, feelings of depersonalisation, reduced empathy for clients, absenteeism, ill-health, and reduced motivation (in Collings & Murray, 1996)



and global communications and the equipment that's available now, all of that has served to create a climate in which I felt, well, this is now much more possible.

Most social workers who enter private practice do so in the counselling and psychotherapy fields, but some transfer their skills to work with corporations and industry as organisational consultants. "Consultant" became a popular title choice in the business driven 1990s.

The vast majority of social workers (NZASW had 720 full members by March 1998) continue in agency employment despite the changes that have taken place. Response to a national survey indicated 51 full members were engaged in some form of private practice, and 15 of these resided in Canterbury.<sup>45</sup> Not all members responded to the survey, however. The collection of statistical information is further complicated because not all private practitioners continue to see themselves as social workers, or retain their membership of the Association of Social Workers. This will become evident when I discuss my findings, particularly in Chapter Ten where I discuss identity issues.

Anecdotal information suggests that the number of private practitioners continues to increase, although this increase may have slowed since the mid 1990s. As in the USA, proportionally more women than men enter private practice, with a ratio of 3:1, when compared to the proportions of women and men who have attended first professional social work courses at the University of Canterbury, with a ratio of 2:1<sup>46</sup> (Jayaratne et al., 1991).

#### 4.3.4 The Significance of Vendorship Schemes: Third Party Payments

It would appear from the preceding discussion, that New Zealanders have traditionally been disinclined to pay privately for counselling or psychotherapy. Yet these are the main services provided in private practice. Although a shift to greater valuing of self-responsibility may have brought some changes in willingness to pay, it appears from my research that most respondents relied on vendorship, rather than private payments from clients, for their income.

---

<sup>45</sup> Only eligible to take part in my research if they met the sampling requirements.

<sup>46</sup> Over the years the number of women enrolling in courses has increased and the number of men has decreased.

This heavy reliance on vendorship gives rise to the common perception<sup>47</sup> that the proliferation of counselling and psychotherapy is directly attributable to the opportunities created by the availability of third party payments from the Family Courts and from the Accident Compensation Corporation. Some believe that counsellors, once they perceived this opportunity, fuelled the demand by seeking and finding trauma in many people who would not otherwise require their assistance. Counsellors dispute this, and claim New Zealand society previously suppressed and denied the true extent of suffering.

The seeking of work by professionals is but one in a constellation of factors that may have stimulated an increased awareness of personal problems. Other factors included feminist analysis of power relationships that led to a recognition of abuses, increased marital breakdown, and a new ideology of personal endeavour and responsibility that located problems more firmly in the individual.

Increasing family breakdown and recognition of the deleterious effects of acrimonious divorce proceedings led to the 1980 Family Court Act. This Act introduced the philosophy that provision for counselling could aid couples to resolve difficulties and prevent expensive court proceedings. Ann Caseley was the first counsellor co-ordinator, appointed in Christchurch in 1981. Caseley had a social work background, and her positive regard for the capabilities of social workers led to a significant avenue for social work private practice opening up in the 1980s in this city. The Family Court paid a standard fee, and prohibited counsellors from charging extra, to prevent the payment of the fee becoming another focus for dispute in the marital relationship.

In a meeting with me during 1995, the current Family Court counsellor co-ordinators noted that in the early 1990s there was a sudden upsurge in the number of social workers seeking vendorship status. In 1994, 90% of applicants were social workers, mostly women. Many were unsuitable as they had neither experience of couple work, nor had they done counselling training. The co-ordinators believed this upsurge was due to restructuring of government departments,

---

<sup>47</sup> Personal communication and popular press.

and the opportunity provided by the Disability Allowance,<sup>48</sup> Family Courts, and ACC. Most recently the trend seemed to be slowing (France & Elvidge, 1995).

By 1995 cost cutting had led to a closer application of the limit of six counselling sessions, that had previously been more flexibly applied. Christchurch co-ordinators stopped accepting more counsellors for Family Court work, because the huge influx of applicants had reduced caseloads for many counsellors already on the list.

The Accident Compensation Corporation had allowed for the provision of counselling for sexual abuse since its establishment in 1974,<sup>49</sup> but victims did not widely use this provision until the mid 1980s. The then incumbent private practitioners, psychiatrists, psychologists, and psychotherapists, were unable to meet the sudden rapid increase in demand, because their associations had rigid entry criteria that prevented speedy expansion.<sup>50</sup> The New Zealand Association of Counsellors (NZAC)<sup>51</sup> and NZASW were not hampered in this way.

The acceptance of social workers as treatment providers under the 1989 and 1992 Accident Compensation Corporation Acts significantly enhanced the opportunity for social workers to practise independently.<sup>52</sup> In 1992, government legislation instituted more formal procedures for the approval of sexual abuse counsellors. During the 1990s there had been a vast increase in the number of accredited counsellors, and despite a toughening of the procedures under the 1992

---

<sup>48</sup> The Disability Allowance is paid by the New Zealand's Department of Social Welfare Income Support Services to beneficiaries for medical and related expenses, up to a maximum of about \$40 per week. These expenses may include counselling costs.

<sup>49</sup> A no-fault compensation scheme established to prevent the costly legal proceedings that would otherwise be required to determine civil compensation

<sup>50</sup> NZAP had 30 members in 1948, and had expanded to 174 members in 1996. There were 85 applicants for membership in 1996, undertaking a post graduate process of between 3-5 years duration.

<sup>51</sup> In the five years to 1994, membership of NZAC had increased by 400% from 340 in 1990 to almost 1400 by the end of 1994 (Manthei et al., 1994). In 1996 NZAC commenced a revision of its entry criteria due to concern that these were not sufficiently stringent.

Counselling Costs Regulations,<sup>53</sup> numbers reached 800 nationally in 1996 (in a country of 3 million inhabitants), and continue to rise. Proportionally Christchurch has the highest number of approved counsellors, the majority of whom belong to NZAC (Beard & Inglis, 1996).

Registered psychologists and psychiatrists receive a higher fee than other counsellors and psychotherapists. Many practitioners of all disciplines require clients to pay a surcharge.

There are several employee assistance programs (EAP schemes) that contract private practitioners to provide counselling to employees who, due to work or personal reasons, are experiencing emotional or relational difficulties. The session allocation is usually small, approximately three sessions. When I conducted the interviews for this research, in 1996, these schemes did not appear to be a significant source of income for the respondents.

Whilst they are not strictly third party payments, Disability Allowances are sometimes paid to enable people on welfare benefits or low incomes to obtain counselling. The statistics of Work and Income New Zealand<sup>54</sup> show that at 9 October 1998, Christchurch beneficiaries were receiving nearly one third of the Disability Allowances for counselling that were paid nationwide (Work and Income NZ, 1998). This may be related to the number of social workers who are in private practice in this city; social workers are skilled at enabling clients to access their entitlements. An alternative explanation is that social workers are more willing to counsel clients for lower fees, as a Disability Allowance currently pays less than \$40.

Although the hourly rates paid under third party schemes seem attractive to some wage earners, these may be a cheap option for the provision of welfare services. Employers do not pay for accommodation and other overheads, sick leave, holiday pay, or maternity leave. The largely female private practice workforce absorbs fluctuations in demand, expanding and contracting as required. As Larson (1977) suggests, the individualised nature of private practice de-politicises

---

<sup>52</sup> Many social workers were able to gain individual approval under the 1989 Act. The 1992 Act made membership of an "approved association" mandatory, and NZASW was accorded this status.

<sup>53</sup> The Accident Rehabilitation and Compensation Insurance Corporation (Counselling Costs) Regulations 1992.

<sup>54</sup> A new name for a Department that amalgamates functions of what were previously the Department of Social Welfare's Income Support Service and the New Zealand Employment Service.

the profession, and discourages unionisation and collective bargaining for the improvement of conditions (2.3.3).

#### 4.3.5 The New Zealand Association of Social Workers' Response to Private Practice

In 1969, Hancock predicted that private practice would become common over the next 30 years. He expressed concern that there should be adequate accountability to clients, and that NZASW should protect itself from being discredited by unsafe practitioners. He recommended that the Association explore these and other issues that might arise (Hancock, 1969). In response, in May of 1971 the Education and Training Committee of NZASW presented a statement to Council, in which it advocated the establishment of minimum standards and licensing for private practitioners. These recommendations included a requirement of five years of post qualifying, supervised agency practice. The recommendations did not progress beyond the proposal stage. In 1989 NZASW established generic competency examinations for applicants for membership (van Heugten, 1994).

To date, NZASW has no policy statement regarding private practice, and there are no specific standards or competency criteria. The ethical code does not contain specific guidelines for private practice issues such as advertising, setting of appropriate fees, and "poaching" of clients. Most practitioners learn by the example of others, make pragmatic adjustments to their values and conduct as occasions arise, or follow guidelines set by other associations (van Heugten, 1994).

Attention to competency standards and the development of an ethical code and complaint procedures, have assisted social workers in their bid to become accepted as an approved association by ACC. More recently social workers in New Zealand have shown renewed interest in registration. Lack of registration continues to exclude social workers from payment for services by insurance companies.

While there are individuals who consider private practice social work inappropriate per se, this is not the official Association stance. There is little evidence of an ideological debate about private practice in the New Zealand literature. Currently the president of NZASW is a private practitioner, and there have been requests to re-establish private practice interest groups.

#### **4.4 *Private Social Work Practice in Britain and Australia***

In this chapter I have concentrated on the emergence of private social work practice in the USA and in New Zealand. The reliance on USA based literature was necessitated by the relative absence of data from other countries. Recently I was able to obtain information from Britain and Australia. The developments in these countries lend support to the identification of a connection between the growth in private practice social work, and non-interventionist, market-driven economic policies and accompanying anti-welfare ideology.

##### **4.4.1 Britain**

In Britain major employers of social workers are the National Health Service, public welfare organisations, and voluntary sector organisations. Because social work has been closely associated with bureaucracy, the public does not generally conceive of paying for their service and private practice has been extremely uncommon. Those social workers who have completed training as counsellors or psychotherapists and subsequently enter private practice generally no longer identify themselves as social workers, in part because of public perceptions (McDonough, 1997).

Several (anonymous) British correspondents indicated that they believed British social work educators and BASW were severely disapproving of private practice, and that private practitioners tended not to speak out, and not to retain membership of the Association, as a consequence. These correspondents did not wish their identities to be revealed because of this perceived disapproval.

However, correspondents suggested that the ideological persuasion of recent Tory Governments had led to increasing privatisation. "... pressure has been exerted on local authority providers of social work and social care services to 'privatise' a range of services." This privatisation had taken place at a corporate level in the residential care sector. There also appeared to be more ex-psychiatric social workers offering psychodynamic psychotherapy (Pettit, 1997). It would seem that the current Labour Government has continued this trend to privatisation.

Tom Hopkins, education and training consultant, writes:

A small but growing number of social workers have begun practising in "employee assistance programmes" or "occupational welfare", usually established by large corporations, many of whom have parent companies in the USA where such schemes have long flourished.

As yet, no empirical research exists in the UK on possible links between such new forms of welfare and the gradual withdrawal of State funding for public sector agencies. However, impressionistic evidence suggests that the growth in private welfare systems may be encouraging central government to regard such developments as providing a limited substitute for, rather than augmentation of, statutory services. A government White Paper on the future of Social Services, due later this year, should give a much clearer picture of where such new forms of social welfare practice fit in to the long-term picture of Governmental thinking.

(Hopkins, 1998)

In response to increased privatisation, the BASW has now started looking at ways in which it "... can and should respond to the needs of independent practitioners." (Walsh, Director BASW, 1997).

#### 4.4.2 Australia

During the 1980s the Australian government also adopted a non interventionist, monetarist ideology, with a consequent decrease in spending on welfare and social security (Thorpe, 1985; Webster, 1995). The cuts to welfare spending eroded social work services in Local Government, Child Protection, and Corrections. Some of these services are now being contracted out, offering potential for private practice (Mendes, 1997).

Munn and Kennedy (1994) note there are yet few social workers employed in the consultancy industry in Australia. They work in this field of practice, and see opportunities for other social workers to do so.

Martin (1992) believes private practice social work in Australia has been limited because social work services have not been recognised for rebates under statutory or voluntary health schemes. In May of 1997, Dr Philip Mendes, Social Policy Officer, and Rebecca Naylor, President of the Australian Association of Social Work (AASW) Victoria Branch, submitted a proposal for the recognition of social work services, to the Paramedical Committee of the Health Benefit Council of Victoria. If recognition is achieved, this may lead to increased private practice amongst Australian social workers (Mendes, 1997). Certainly this seems to have been the New Zealand experience, where an increase in private practice amongst social workers appears to have occurred consequent on their recognition as service providers by ACC.

There are private practice groups in most AASW branches. Social workers who enter private practice commonly seek to join or remain with the Association, possibly because this provides them with indemnity insurance (Mendes, 1997).

AASW has made specific recommendations to private practitioners. Both the New South Wales Private Practice Group and the former Victorian Private Practice Group recommended a minimum of three years of experience before private practice. AASW has suggested fees for social workers (In 1995 the recommended fees were \$90 per hour for individual client work and supervision, and \$120 for consultancy work and group work). The AASW Code of Ethics contains clauses specific to private practice: "The Social Worker will not solicit the clients of one's agency for private practice." Also "When setting fees, the Social Worker will give consideration to the client's ability to pay." (Fisher & Prescott, 1995: 7, 18).

Ethical concerns about private practice have been raised in the Australian literature. Rosenman (1989) writes that private practice may lead to the abandonment of social work's commitment to the disadvantaged, and the lessening of the profession's commitment to social action. She also thinks that privatisation may further erode employment conditions. Furthermore, private practitioners lack accountability. She disputes neo-classical economic theory that suggests that poor quality services will not survive in a free market. In reality, clients may not have information and knowledge about the comparative quality of the services they receive and about the availability of alternatives. They may not have the ability to withdraw from treatment.



## **4.5 Discussion and Conclusions**

It has been postulated that in the late nineteenth century, the industrial revolution led to the need to deal effectively with the difficulties that arose in a workforce that had become alienated from previous social networks. These problems were designated "personal". New professions arose to "scientifically" and systematically diagnose and treat these problems. In the USA, with a relatively free market economy and free enterprise ideology, this led to a proliferation of fee-for-service human relations professionals. Social workers contested and gained jurisdiction in this market alongside other professions.

By contrast to the USA, the development of private practices by social workers in New Zealand came much later. The main reason for this appears to be a greater investment in and reliance on public welfare, until the post Keynesian 1980s and 1990s. Social work education followed the British model, which identified social work with community work and casework in the public welfare and health systems, and in voluntary sector organisations. People expected the state to provide treatment for those personal problems that were identified. It was not until the demise of Keynesian interventionist economic policies and welfare ideology, from the 1980s onwards, that free enterprise ideology became more widely accepted. The policies of what has since been labelled "the New Right" led to large scale reorganisation and reconstruction of public service organisations, and a culture of corporatisation and commercialisation that affected all participants.

Many social workers were adversely affected by this restructuring. This will be further highlighted in the next chapter, where I discuss respondents' motivations for private practice (5.2.1). Some also found their values changed, and they became more accepting of charging fees for their services (4.3.3).

Increased private practice has led to concern that the traditional value base of social work is being eroded, and that the profession will lose its unique focus and *raison d'être*. Writers in the USA, Britain, and Australia appear to have debated these ideological issues more openly than has been done in New Zealand. Also, unlike NZASW, both NASW and AASW have set specific standards or made specific recommendations to private practitioners on qualifications, ethics, and practice issues.

The story of Hancock's historical move to private practice illustrates the transition to private practice in the New Zealand context, and highlights three common factors or conditions for the entry of social workers to private practice.

The first condition is *opportunity*. The opportunity for private practice arose in the context of free market economic policies, and an accompanying needs discourse that identified an individual intra-psychic basis for a wide range of human problems. When incumbents were unable to expand to deal with the resultant increase in counselling work, a subgroup of social workers became alert to the emergence of this new work, and seized the opportunity to make jurisdictional claims in the private practice market.

This subgroup of social workers had generally been labouring under *aversive* workplace conditions that led them to turn to other options. These aversive conditions were frequently brought about by the erosion of the welfare state and accompanying restructuring and decline of public and voluntary agencies; the traditional employers of the profession. For Hancock the aversive condition was having to re-apply for, and losing, his previous position, rank, and status. In the following chapter, quotations from respondents will illustrate other aversive conditions.

The third condition is the *appeal* that private practice has for some social workers. Appeal may be a result of current circumstances (working from home may suit child care arrangements), intra-psychic or personality factors (such as entrepreneurial personality characteristics), and life history and socio-cultural background factors (parents who ran a small business).

In the next chapter I will continue to illustrate the interrelationship of these three conditions in the motivation to private practice.

## **Chapter Five**

### **Motivations for Private Practice**

#### **5.1 *Introduction***

In the conclusion to Chapter Four, I introduced the idea that a combination of factors preceded social workers' transition to private practice: aversive workplace conditions, the attractiveness of aspects of private practice, and the perceived existence of opportunities for private practice. When I asked respondents about the recent precipitants to their decision to enter private practice "... the things that went on in the year or two before you entered private practice ...", their replies, which form the basis of the current chapter, clearly supported the existence of these three factors.

In section 5.2 I present and discuss respondents' reasons for leaving agency employment. The consequences of frequent restructuring were most prevalent. In section 5.4 the attractions of private practice are examined, and autonomy and flexibility are discovered to be particularly important to respondents. These findings confirm those of other researchers who have explored social workers' motivation for private practice.

Respondents' stories indicated that age, culture, and gender related issues had frequently had an impact on their decision making process, and I examine some of these issues in section 5.5.

Next follows a discussion about opportunities for private practice (5.6). These are created by greater social acceptance of business practices, and the existence of third party payers. Support from colleagues and significant others also appeared to be an important prerequisite for making the transition.

Finally, in section 5.7, I discuss aspects of the decision making process. I briefly canvass the ethical issues with which some respondents struggled when they considered entering private practice. I report that the dominant decision making style of respondents appeared to reflect an

internal locus of control; they appeared to have made their decisions following internal deliberation, with minimal discussion of the options under consideration.<sup>55</sup>

## **5.2 *Reasons for Leaving Salaried Agency Employment***

### **5.2.1 Aversive Workplace Conditions**

The literature on social workers' motivations for private practice frequently highlights the attractions of independent work, and offers only a cursory synopsis, or omits any mention, of the reasons social workers seek to leave agency employment (Alexander, 1987; Butler, 1992; Hardcastle & Brownstein, 1989). Distinguishing the reasons for which social workers seek alternative employment helps to clarify that there are significant constraints on respondent's employment "choices".

Lyons, La Valle and Grimwood (1995), in a discussion of a survey of career patterns of 791 qualified British social workers, suggest more note should be taken of the effects of stress and violence on career development. Follow up interviews with 25 respondents found that current changes in social work organisations were a significant factor in discontent. Their respondents complained of lack of training and resources, lack of information, and lack of consultation and support from management. As Nicholson and West noted, such support is a significant factor in facilitating a positive adjustment to career transitions (Nicholson, 1990; Nicholson & West, 1989).

Manthei et al. (1994) interviewed 27 New Zealand counsellors about their reasons for entering private practice and found the most frequently cited reason (15 respondents) was dissatisfaction with existing employment.

---

<sup>55</sup> The concept of internal versus external locus of control was first conceived by Rotter (1966) (in Colwill, 1993). Internality is the belief that one's destiny is in one's own hands, rather than the consequence of luck, chance, or powerful others. It is thought that women tend to be less internal than men. However, Colwill suggests that internality and externality can be seen as a consequence of circumstances and context that foster feelings of learned helplessness in women. From yet another perspective externality could be re-framed to refer to a focus on relational rather than individualistic concerns.

Of the 33 respondents I interviewed, 16 worked in a public health setting immediately prior to their entry to private practice, and 14 of those were in a mental health service. The next largest employer was the voluntary sector, usually a counselling service (6), followed by the Justice Department (4), Department of Social Welfare (3), and educational institutions (3). One respondent had been employed by a local body organisation.

Almost all respondents to my research (29 out of 33) attributed their decision to enter private practice, at least in part, to their dissatisfaction with the conditions of their previous employment. There was no discernible difference between the levels of dissatisfaction of employees of the various agencies.<sup>56</sup> The level of their discontent ranged from moderate frustration, to severe distress consequent to experiences described as "abusive" that led them to experience a sense of hopelessness and unhappiness.

Respondents thought that the problems they experienced resulted from frequent and large scale organisational restructuring, acrimonious collegial relations, lack or loss of status, and ideological conflicts. These frequently led to identity strain, when respondents were unable to maintain their concept of their professional selves in the workplace (Hayes & Hough, 1976). Most had persisted with attempts to resolve their difficulties for several years, before making the decision to disengage from their employment. This means that most respondents had experienced and attempted to work through at least one major, involuntary, and often uncontrollable transition process prior to their decision to make their move to private practice. This probably added to the stress of the subsequent move for some respondents (Gilbert, 1990; Latack, 1989; Nicholson, 1990; Nicholson & West, 1988, 1989), (2.4.3).

#### 5.2.1.1 Restructuring of Agencies

Major workplace restructuring has affected most publicly funded and many voluntary agencies in New Zealand since the mid 1980s. As mentioned in the previous chapter, by 1994, the New Zealand Children and Young Persons Service had been re-organised nine times in nine years (Fulcher & Ainsworth, 1994). More recently the Health and Disability Commissioner, Robyn

---

<sup>56</sup> It seems likely that more respondents left mental health employment for private practice because the perceived private practice opportunities were in counselling and psychotherapy, not because there was a greater level of dissatisfaction in these institutions.

Stent, released a report on patient safety at Christchurch Hospital during 1996, in which she pointed out that the Crown had forced the hospital management to adopt an "aggressive" business plan. Restructuring that was implemented too quickly led to breakdowns in communication between management and clinical staff, lack of clarity of policies and procedures, and inadequate funding. These were implicated in the deaths of patients. Stent said: "In Christchurch I found a dysfunctional and grief-stricken health system." (McNeil, 1998).

Half of the respondents in my research talked about the negative effects of workplace restructuring, and most thought that the changes in the structure and functioning of their employing agencies were driven by fiscal considerations. Several pointed to an increasingly anti-welfare free market ideology.

Those who had struggled most with restructuring had commonly obtained their social work education in New Zealand, and had worked as salaried social workers before the commencement of sweeping organisational changes. This may be in part because these respondents had formed their social work identity in a different context from that which currently prevailed, and were now required to reshape this identity. Those respondents who had remained in agency employment until the 1990s were especially likely to recount serious difficulties. They recalled more problems with management, and more value conflicts, than those who had exited during the 1980s.

As a result, some respondents experienced a sense of futility and loss of purpose. Others resented restrictions on their autonomy, or felt burdened by ever-increasing workloads. The following comments are representative.

TANIA: I was just getting to the point where I was just so frustrated! Certainly the frustration of working in that setting just got too much. The changes that were so cyclical, went on and on forever. ... and it was only a 1 or 2 year cycle, and we were back again to where we started again. ... Well, the other thing in social work was that there was nowhere to go. The senior level of social work had been restructured to the point where there wasn't one anymore, so you stayed pretty much doing exactly what you were doing in

the same meaningless way that you were doing [it]. ... meaningful in the work with the client, but in anything bigger than that it was pretty much a waste of time. All the programs that were put into place would collapse in six months time because the funding would be pulled. Or we'd start to do some research on the effectiveness of something and then they'd decide "no" they were going to change it again, so there was no point researching that. And it just seemed madness.

---

ANDREW: ... my experience has been in Health in the last few years that it's become more and more structured, more and more restricted, more and more demanding. Particularly around work loads, work load increases, paper work, administrative side of things. And so there was the attraction to move out for what that offered, and there was the increasing disillusionment with what was happening within Health at a wider level. Both those things. I would say on balance probably more the dissatisfaction, the disillusionments that were occurring within the Health system, the demoralisation of it just around me and that I experienced personally.

---

GEOFFREY: And that started getting me more and more, like working harder, pressure to work harder with less training, with less resources for the workers.

Particularly in some publicly funded organisations, the historically evolved compositions of professional work groups were radically altered. If previously co-operative inter-professional teams were differentiated into their component disciplines, this could lead to status conflicts and resentment. If supportive departments of social work were fragmented, this led to loss of identity and loss of collective bargaining power. Morgan (1986) suggests that these are management techniques that aim to break up the power of strong occupational groups, such as professions.

Plans for organizational differentiation and integration, designs for centralization and decentralization, and the tensions that can arise in matrix organizations often entail hidden agendas related to the power, autonomy, or interdependence of departments and individuals. ... one obvious tactic of control is to downgrade the importance of a function or group of individuals, or to adopt a divide-and-rule strategy that fragments potential power bases.

(Morgan, 1986: 163-164)

However, few respondents appeared to have considered that there may have been a deliberately divisive strategy that directed seemingly arbitrary changes, and thus the changes often seemed unpredictable and haphazard to them. The following respondent did believe there were deliberate management strategies behind the disbanding of professional departments in his organisation and that these aimed to affect the identity, solidarity, and power of these departments.

PETER: Departments were no longer considered to be the building blocks of the system. And so social work departments and psychology departments almost disappeared.

Respondents felt insecure about their positions. They feared redundancies, and arbitrary bureaucratic redefinition of their professional roles to narrower tasks. (See the quotations below.) As such fears grew, professions began to manoeuvre to gain and defend jurisdiction over task areas, and they engaged in status struggles. As jurisdictional battles grew in intensity, what had previously been relatively co-operative workplaces now became competitive, and relationships became strained. Respondents perceived that dominant professional groups, particularly the medical profession, but also psychologists, held much of the power to define tasks and goals in the health system.

Consequently, respondents experienced loss of control over both the process (the "how") of their work, and over its product (the end goal). Derber (1982) terms these "technological" and "ideological" proletarianisation respectively. Technological proletarianisation results in a loss of abstraction, in routinisation, and eventually to delegation of tasks (in Abbott, 1988: 46), (2.3.2). Ideological proletarianisation results in the expropriation of the goals of the profession. Because goals are in part value based there is a loss of integrity (Howe, 1991). I expand on this issue in section 5.2.1.4, under the subheading "Ethical Issues in the Decision to Leave Agency



Employment."

The following quotations illustrate these changes in interdisciplinary relations, the loss of control over the definition of the social work goals and tasks, and the respondents' experience of proletarianisation.

EVELYN: I think of, when I first went to the agency I was in, it was very much a multidisciplinary team ... Although we were paid at different rates, everybody really did very much the same work; we worked together. There was very little distinction really between the work done by psychologists, child psychotherapists, social workers. Occasionally people would use their special training, for example, if a special assessment was needed then one of the psychologists might do it ... But by and large there was an equal valuing of members of the team, except in salary. And an equal valuing of ... the social work perspective I think, ... of seeing the person in their whole environment. Which I think is the thing I valued for me from my social work training. And that was very much shifting, so that that was being devalued. Very much the medical model was being advanced, and social workers were seen as not being, not having expertise in that and becoming very much the handmaidens of the people with that knowledge. So I guess that was part of devaluing really, of social work.

---

LIZ: .. given what ... is happening to social work in welfare and health, I mean it has gone back to the old way of what it was like when I first started. And I always sort of fought against that, that model of just being there to help the ward and clear the bed, and that kind of role.

Some respondents opined that agency managers narrowly translated the increasingly prevalent public demands for professional accountability to demands for economic accountability. They instituted cumbersome administrative tasks, such as time and motion record keeping, aimed to quantify work output, with little regard for quality of service.

CHRISTINE: In a way, around that time the management of the department changed, and much, much more pressure was placed on my colleagues and myself to actually monitor our time in 15 minutes periods ..., and allocating who was to pay for that 15 minutes of my time that I spent on the phone. And there were also moves towards giving clients only 6 to 8 sessions and then moving them on. I see that as part of the political and social changes that were going on at the time. I didn't really want to function, I didn't think I could do my job well if I had to do that.

The employment of generic managers, non-clinicians, described as "people with no knowledge of client needs", reflected and helped entrench the prevalent monetarist orientation.

SUE: Oh, I think one of the major factors, and part of the discomfort and part of our vision, was that the agency that we were in was extraordinary materialistic .... and I was told when I questioned it: "This is all a matter of corporate identity. Don't you understand?".

Whilst respondents thought that some of the changes in welfare directions were appropriate in principle, they also thought them doomed to failure because they were ill-financed. An example was the move to de-institutionalise care for young people, and people with psychiatric illnesses and intellectual disabilities.

Fulcher and Ainsworth (1994) examine aspects of the reform of the New Zealand health, education and welfare services from 1984 to 1994. They point out how six practice ideologies: normalisation, de-institutionalisation, mainstreaming, use of the least restrictive environment, diversion, and minimal intervention, have been driven by monetarist economic policy. "Community care always had the potential to be cheaper to deliver than institutional services ..." (Fulcher & Ainsworth, 1994: 5-6).

Respondents generally thought the direction of changes in both publicly and voluntarily funded agencies during the late 1980s and 1990s had led to a decrease in professional standards. Tony

had left agency employment during the 1980s, and was glad to have done so early, when he heard about the experiences of colleagues who continued in agency employment.

TONY: ... I think I had a sense of where that was going and ... things getting very tight. I talk to people now and there is kind of a sense of looking over your shoulder and guarding what you can do. And like when I worked there was none of that, I mean it was like a big happy family.

#### 5.2.1.2 Professional Relationship Difficulties

Almost half of the respondents (15) had experienced difficulties in relationships with colleagues and managers, that had adversely affected their satisfaction with agency employment. Older respondents more frequently recounted difficulties with management, possibly because they were themselves in middle or senior management positions. Some respondents felt particularly anguished by these problems, with a number needing to have time off work on sick leave, or electing to leave social work practice altogether for a time to recuperate. Several male and female respondents said they had experienced psychological abuse.

ANDREW: The realisation slowly dawned on me that this is what was happening to me, that I was being abused in quite subtle but effective ways. ... I realised what was happening to me and knew then that I had to make some major decisions about where I was going in my career, what I wanted to do. Up till that time of realising that, I had basically been taking it on myself, and by that I mean that I was feeling my self-esteem, my professional confidence was down, my enthusiasm, my motivation were down, my health wasn't as good as it had been generally, more susceptible to ailments that were doing the rounds. I was more irritable, impatient, grumpy and particularly more at home. Whilst I was very clear about my boundaries, and not bringing work home, I was bringing my, I suppose, my attitudes, not my attitudes, my feelings about work home, my moods. So that, by and large I would have my bright cheery facade in the work setting and then at home its

a different story.

KATE: When you say you were being abused at work, was it in an emotional sense?

ANDREW: Mm, psychological; put downs, undermining, undervaluing, down right contradictions, commands.

---

NATHAN: ... the motivation for leaving was from twenty three years working for bosses, some awful experiences with bosses and being bowed down by what was going on in the particular context that I was in.

KATE: Was the issue personal, like boss personalities, or structures?

NATHAN: Mm in this order, incompetence, boss personality—I'm just going through the bosses I had—incompetence, personality.

---

KATE: Was it a personality thing?

FIONA: It wasn't a personality thing, no. Because this person was difficult to work for. Anyone who disagreed with her in any way, she was extremely difficult to work with. The personality thing implies that it took two of us.

KATE: Oh, no I meant, was it the personality of the manager?

FIONA: Well, it was.

KATE: More than the structure or the system?

FIONA: No it wasn't the system. The system was difficult but it was manageable. ... a difficult person.

Respondents tended to attribute difficulties to the personalities of colleagues and managers. If an organisational perspective is applied, however, it seems likely that many apparent personality conflicts arose out of a complex matrix of organisational agendas, competition for task areas and scarce resources, divergent professional interests, and personal aspirations.

Morgan suggests that the divergent interests of the organisation, of occupational subgroups, and of individuals, make work inherently political and conflictual.

The tension between the different interests that an employee wishes to pursue make his/her relation to work inherently "political", even before we take into account the existence and actions of other organizational members.

(Morgan, 1986: 150)

As the actors in their various roles attempt to do the job for which they have been appointed, interpreting their task interests in a way that seems ideally suited for the achievement of organizational goals, they are set on a collision course.

(Morgan, 1986: 157)

#### 5.2.1.3 Dissatisfaction with Lack of Status

Researchers have generally found that status is not a significant motivating factor for entering private practice. Hardcastle and Brownstein (1989) found that the enhancement of professional status was a significant motivating factor for only 3% of their respondents. However, they may have overlooked potential problems with self reporting that may have affected their results. Social workers are likely to find it difficult to acknowledge their concerns with status, because they fear that their fellows will judge their ambitions ideologically unsound. They may engage in impression management, and underreport their status concerns.

To overcome such potential problems, I decided to take into account complaints about comparative lack of respect or appreciation, being paid less than other professions for doing the same job, and feeling slighted and devalued for being a social worker. In this way I found that at least 11 people felt sufficiently devalued professionally and personally to seek an improvement in their status.

Bill: In the clinic in which I worked as in most, we had a cross disciplinary group of people, psychologists and psychiatrists and doctors and I think it pissed me off that we were so poorly paid and with the same caseload and same responsibility and same level of ability by and large as anybody else.

---

VANESSA: ... I had to go and learn that no matter where I was, you had shit status in that place. ... I suppose status would be equated too to being acknowledged, to being recognised, to being valued for who I was and for the skills and knowledge that I brought, and having my ... opinions and my assessment counted for something. Well I was forced to learn that that wasn't going to happen.

Apart from difficulties with self-reporting of status concerns, another explanation of the difference in my results from those of Hardcastle and Brownstein may be that my respondents had become sensitised to status issues due to relatively recent and sudden changes in New Zealand welfare ideology, and the effects of accompanying restructuring. When the meeting of status needs falls below a threshold, this hygiene factor becomes a significant factor in worker dissatisfaction (Herzberg, 1966),<sup>57</sup> (2.4.2).

A small number of respondents had recently applied and been rejected for senior positions; their organisation had blocked their attempt to cross a hierarchical boundary when they had felt they were ready to do so. This is likely to have brought shame, and conflict over status and respect. Withdrawing from the organisation can be a means of declaring dissatisfaction and disagreement with the assessment of superiors, and may reflect an attempt to maintain self-esteem (Hayes & Hough, 1976), (2.4.3).

JEREMY: So the main precipitating factor was that in the last reshuffle that I was involved in there was a new position created. I was being interviewed for it, and another employee

---

<sup>57</sup> Herzberg's theory suggests that hygiene factors do not create satisfaction but prevent dissatisfaction

[who] had been displaced who had much longer service. And I knew it was a toss-up between the two of us. I've always been pretty outspoken, I knew my way of leaving ... or staying was to go to an interview and say: "This is the way it has to be— if I'm taking the job these are the things that you have to do, these are my terms." And I knew that those terms may not be acceptable, and mm .... but it didn't fit and I knew that it probably wouldn't. And I then challenged the process of the appointment because it was an appalling process, and I was offered severance, as long as I didn't appeal.

#### 5.2.1.4 Ideological Issues in the Decision to Leave Agency Employment

Almost a third of the respondents (10) cited ethical considerations as primary or significant reasons for leaving agency practice. This is of particular interest considering recent research by Strom (1994), who examined clinicians' reasons for rejecting private practice and found only a small subset (4.8%) did so because they objected to private practice on ethical or philosophical grounds. Strom suggests the level of academic debate about private practice does not reflect the concerns of the rank-and-file workers. They "... may not see autonomous practice as a vast departure from core social work values or may believe that the mission of social work can be carried out in a variety of settings, including autonomous, for-profit practice (Strom, 1994: 507).

My findings suggest the converse may be true: A sizeable subset of practitioners who reject agency practice may be motivated by ethical reasons.<sup>58</sup>

For at least 5 respondents, value conflicts had arisen following recent agency restructuring that had led to a widening gap between agency purpose and professional aims, and to conflicting perceptions of the methodology required for achieving those aims. Respondents were less able to tailor their services to their assessment of clients' needs, and as a result they felt compromised in their professional ethics.

TANIA: What was being offered to my clients had got so

substandard that I felt uncomfortable, that I felt I couldn't work in that sort of setting because ... it was that setting that didn't fit with my values any longer.

Needs discourse had become perceptibly more individualised and medicalised. Respondents, who tended to view presenting problems from a systems perspective, came under pressure to diagnose, and apply labels derived from the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM), to the children and adults who sought their assistance.

EVELYN: There'd been an even bigger shift in the direction of the very medical model, a very big push towards diagnosing with a mental illness, label all the children who came.

KATE: The children?

EVELYN: Well, the children, the child was usually the presenting person. And I felt very uncomfortable about three year olds—who'd come because their parents have maybe got the power balance wrong and they'd got a little three year old tyrant—being given a label. Very uncomfortable! And for me—there were a group of us I guess kind of struggling for a different perspective—and it got to the point where for me the energy to stay in the system and keep struggling was greater than the kind of creative energy I had left for my work really. So that was the background to the decision. It took me a long time because I very much enjoyed working in a setting where I didn't have to charge people ...

Several social workers, from both public and voluntary sector agencies, thought that their agencies had paid lip-service only to bicultural considerations in their operations. Some respondents had become disheartened by the failure of their efforts to effect change at a policy level. The following respondent illustrated her managers' lack of bicultural awareness, displayed when they criticised the interpersonal style she employed with Maori clients.

---

<sup>58</sup> This possibility was foreshadowed in Chapter Two, where I drew attention to Williams' (1979) theory that values are implicated in motivation (2.5.1).



SUE: And then I think I also had a commitment to working with Maori. And although the commitment was there in words [in] this agency, it felt in practice that it wasn't quite like that. Because, well there wasn't the understanding of the sort of Maori Kaupapa. So I was criticised for embracing Maori clients in the foyer and told: "What will Pakeha clients think?" You know, "There's all this sort of talk about therapists' sexual interaction with their clients and if you're seen embracing a Maori client what will people think?" Etceteras, etceteras. And that felt really incredibly disqualifying of me!

## 5.2.2 Personal Issues in the Decision to Leave Salaried Agency Employment

When Tepper and Tepper (1980) interviewed 98 women working from home, they found that

Tragedy in fact was part of many of the women's lives. Businesses were launched because of a tragedy—a disability, the death of a spouse, a woman suddenly finding herself alone to raise the family.

(Tepper & Tepper, 1980: 16)

Although most of my respondents emphasised workplace difficulties, some also experienced personal crises that led them to seriously re-consider their employment options at this time. These crises included serious personal illness, separation, and death of a significant other. Personal crises may have compromised the ability of some respondents to continue to negotiate unwanted workplace transitions brought about by restructuring (Lake & Lake, 1976; Lattach, 1984; van Maanen et al., 1980), (2.4.3).

LIANNE: I think actually one of the things that has happened to me was over the time that I worked for [the agency] my grandmother died, that was the first thing and then a friend of mine's baby died of cot death, and then another friend and I were on a biking trip, and she was killed, and not long

after that I had my oldest son, and then I developed melanoma. So there was a lot of stuff about death and dying and ... that made me realise that I had to think of the things that were important for me and that life was too short to not do the things that were important to me.

---

BOB: I liked the way you looked towards the motivating sort of factors for working in private practice. And I don't think you should be timid about making those questions personal because often I think that a lot of these decisions are made at a personal time. It's only in crisis we change as we know.

Sometimes a positive change in personal circumstances motivated the re-consideration.

RACHEL: In that I began a new relationship and I began living with my partner and I didn't really want to be endlessly on call. ... Yeah. Which I had enjoyed for a time, but it became, I just got burned out with that I think.

There was a minority (6) of respondents who did not appear to have met with any significant difficulties in the workplace, but nevertheless sought change. Most left their place of work because they became pregnant or to facilitate child care. These women identified theirs as a personal issue, a matter of individual choice, reflecting the dominant discourse on child rearing in New Zealand.<sup>59</sup> This discourse can be critically analysed. Respondents' places of employment offered them neither the flexibility nor the remuneration to make it practicable for them to remain in salaried employment while parenting young children. They might be less committed to private practice as a career move, and in Chapter Nine it will become apparent that they might not remain in private practice when child care responsibilities ease.

---

<sup>59</sup> The International Labour Organisation (ILO), in a report released in February 1998, states that New Zealand is amongst only 7 of the 152 countries canvassed that do not legislate for paid parental leave (ILO, 1998). The Parental Leave and Employment Protection Act 1987 entitles parents to a maximum of twelve months unpaid leave, although a few employers do negotiate paid parental leave as part of an employment contract. During 1998 the New Zealand Parliament will debate a private member's bill that proposes twelve weeks paid maternity leave (Meduna, 1998).

Other interviewers have similarly found that child care considerations figure highly in women's decision to become self-employed, specifically to operate a business from home (Armstrong, 1997; Manthei et al., 1994; Still, 1990; Tepper & Tepper, 1980).

Only the careers of the women in my sample were vitally affected by family responsibilities. This finding points to gender issues, the significance of which will become progressively clearer throughout the following data chapters, and will be addressed in Chapter Eleven.

### 5.2.3 Potential Inducements to Remain in Salaried Agency Employment

To approach the subject of aversive workplace conditions from another angle, I also asked respondents if there was anything that could have induced them to remain in agency employment. Most were able to point to potential inducements. The majority of respondents who were unable to do so appeared to have a strong entrepreneurial orientation; a primary interest in running a business.

The most common incentives that could have kept respondents from leaving agency employment were: greater professional autonomy, including being consulted more by management on any changes that might take place, and a better fit between professional ethics and workplace practices. Other issues mentioned were more flexible hours, better pay, and being promoted.

## 5.3 *Examining Other Options*

The workplace difficulties discussed above, led respondents to seek to control their workloads and hours, their collegial relationships, and the general running of their work-a-day lives.

When they came to consider their options for other employment, few considered working for another public or voluntary sector organisation. Especially those respondents who decided to leave agency employment during the 1990s felt there were few suitable alternative options. Many were loath to risk another encounter with distressing problems in the workplace. Others

decided that, though they were ready for promotion, they were uninterested in management positions, because of the administration involved and the lack of clinical contact. Seven respondents were also working towards, or had already gained, psychotherapeutic qualifications and membership of the NZAP. Most members of this occupational group work in private practice settings. Two of the oldest respondents had feared they would be unlikely to obtain another social work position, but they did not feel ready for retirement.

PAM: ... but also the age I was at I felt unemployable in ... the Hospital Board or the Area Health Board. ... looking at it now I wasn't terribly old really, but age is only relative. And I was also interested in the Psychotherapy Association, and in that facet of counselling, so I thought that I'd (pause) ..... There are all those factors.

Some of the respondents, all of whom were re-considering their employment options in the 1990s, believed agency employment had become unstable and insecure. They thought that their working futures would be safer in their own hands.

JUSTIN: I think the reason that other colleagues of mine were willing to sacrifice their autonomy and doing what they really loved to do for a structured employment was that—this is the perception I've got—was that they perceived the security as being worth it because it was too insecure to be in private practice. And I didn't see that there was security in what they were doing. And that was confirmed by the late '80s sinking lid policy of government employment and [the way the] voluntary sector was going.

#### **5.4 The Attractions of Private Practice**

Against this background of workplace difficulties and perceived lack of alternatives, private practice became an attractive option.

For many respondents the initial attractions of private practice related at least in part to their

desire to escape negative conditions. Those who had felt overworked and burdened by long hours sought to gain control over these aspects of their employment. People wounded by unhappy relationships needed to recover from their experiences. Those who felt affected by poor status sought to improve this.

Most people cited a number of attractions of private practice, and all expected to develop professionally and personally.

In broad terms, the attractions of private practice identified by the respondents confirmed those that persistently emerge in the research literature, namely autonomy, flexibility of work hours, direct clinical practice, challenge, work with motivated clients, earning a good income, and improving well-being. This echoed findings by Alexander (1987), Barker (1984, 1992), Butler (1992), Hardcastle and Brownstein (1989), and Jayaratne et al. (1991).

It seemed that respondents sometimes drew their initial responses to my questions from a quick recall of journal articles they had read on the attractions of private practice. These included my own recent article (van Heugten, 1994). Their elaborated answers, musings, and surprise discoveries during the interviews promised to be more significant, and are reported below.

#### 5.4.1 Being in Control

The most prevalent attractions of private practice related to being in control, many called this autonomy. Respondents sought control over their hours of work, the type of work they did, work methods, choice of clients, and control over the work environment. Whilst only 4 respondents mentioned control over policy making, they implied this in many of the other freedoms they sought.

#### 5.4.1.1 Control Over Work Hours

Twenty-four respondents hoped and expected that private practice would give them more control over their hours of work. Control over hours of work refers to the desire to work fewer hours, and the wish for more flexible hours (choice about when to work). Respondents wanted flexibility and reduced working hours so that they would have time for other significant activities, or just to make life more enjoyable and manageable.

ANNETTE: And work less hours, like you know, I didn't actually care whether I had less money, I just wanted to be sane.

Women, especially those aged between 35 and 45 with dependent children, more often sought control over hours than men. Eleven women required their working hours to be flexible because of child care needs.

MARGARET: The situation at the time, and the money, the money was very good for what I had was brief periods of time. And then you could .. write reports and stuff at home ...

---

VANESSA: There were several things really, but what really kept it going was the fact that it was a good way of earning an income while I had a baby, because I was working from home and I had a small child as well. ... and its still the ... major motivating factor: Its actually fitting my work into my family commitments. And that's more important now than even what it was then, and it was pretty important then because the baby was so little.

Several people wanted to play sport, or make time for study or another job. Being able to take holidays when they chose was also important for at least 5 respondents.

ROBYN: Having a gap in the day and being able to go for a run, and things like that. You know, the flexibility is great, absolutely.

LIZ: Not having to answer to other people about what hours I could do, you know, taking more time off. Because I had always worked and had children and things. So I, it was more like I could please myself whether I did want to work and how hard I worked. And so it was all of those things really.

KATE: Flexibility?

LIZ: Absolutely! Flexibility, time, being able to take more holidays, yeah, all of that.

---

SAM: Probably to some extent I like carpentry as well, and I wanted perhaps to have more flexibility about coming and going, that would have been a factor as well.

... I think probably the flexibility of my life was the important thing, that I could come and, I would like to be in a position where I could come and go. Take a day off if I wanted to, that sense of independence. To continue to, or to do my best to be as good as I could be at what I did, but I could have done *that* in the public sector as well and was doing it there.

#### 5.4.1.2 Control Over the Type of Work Done

Eighteen respondents said that they believed private practice would offer them a considerably better opportunity to engage in the type of work that they were best at and that they liked most.

For most of these respondents (13) the preference was to include more clinical work (counselling and psychotherapy). A higher proportion of men than of women expressed this preference, probably because more men were in non-clinical positions, or were finding that their clinical positions were eroded as they became increasingly involved in administration and managerial

tasks. Respondents for whom this was an important issue were most commonly aged between 45 and 55.

BOB: At a broader level, I hoped to leave behind the restrictions of working in the social service field, in a bureaucratic model. Right, and that was ... very important because, as a ... supervisor of a quite a large team ..., who were very individualistic in their approach, I found that there was very little room or time for me to actually use my own expertise. I became a manager of difficult people and manager of departmental processes, which took me into an area that was challenging, but it became just a drag, it really did. It wasn't that rewarding.

---

JEREMY: In the last four or five years before I left, it was very much a management position, very distant from that work with clients ... So my clinical work with families and kids diminished a lot in the last three years. That was something that I knew I wouldn't like. It's one of the reasons, I guess it's one of the reasons that I actually left ... Whilst I enjoyed some of the management tasks, I didn't actually enjoy being distanced from the clients really.

---

JANE: Yes. Mm, and so for about 18 months or so I was looking around at what the possibilities might be. And I had a senior position then, and ... the way the Social Work Department operated there was no senior practitioner scales then, and if I were to maintain my senior status and senior salary, then I would need to go into more of an administrative position. ... If I went somewhere else then it seemed that it would be a lot more administration, a lot less clinical work, if any. So that made looking around the social work field not look terribly appealing ...



A preference for non-clinical specialities (such as organisational consultation)<sup>60</sup> was much less common, occurred only amongst respondents educated in New Zealand, almost exclusively at Massey and Victoria Universities,<sup>61</sup> and only amongst those who entered private practice in the 1990s.

#### 5.4.1.3 Control Over Work Methods

Fourteen respondents sought to have more control over work methods. Frequently they wanted to be able to carry out longer term psychotherapy if they thought this was appropriate to their clients' needs.

ANDREA: And if I want to work long term I can, if I want to work short term I can. I mean, I do, I work the way that feels right with the client.

#### 5.4.1.4 Control over Client Selection

Ten respondents sought control over client selection. Control over client selection appeared to be considerably more important to men than to women. Men were more likely to have worked with unwilling, unmotivated, and sometimes violent clients.

TONY: Control what I did, being able to choose what I did, how

---

<sup>60</sup> I decided to use the generic "organisational consultant" to indicate the 5 respondents (3 men and 2 women) who worked with industries and agencies on projects that did not primarily consist of psychological counselling. They might be engaged in assisting managers to develop their human relations skills, helping educational institutions with program development, or statutory agencies with practice research. All bar one also worked as counsellors in private practice, suggesting an exclusive reliance on organisational work is extremely uncommon.

<sup>61</sup> Eighteen respondents had been educated at the University of Canterbury, 4 at Massey University, and 4 at Victoria University. Seven respondents had received their social work education overseas, at Australian, British, USA, and European educational institutions. In Chapter 10 (10.4) I suggest that the respondents' practice choices may be in part related to the nature of the universities' programs, and the employment opportunities in the universities' localities.

I did it, who I saw. I found that very interesting, because ... my experience in social work had been [that] you saw everyone who came through the door. I'd ... worked at [a voluntary sector agency for the homeless] for 3 years, so I had literally been at the coal face. And I felt I had done quite a lot of that and I felt it was time to move on.

KATE: You felt you had done enough and you wanted to be able to choose clients?

TONY: Yes, and I do very much. And also enjoying, although it doesn't always happen, people who are motivated, people who wanted to come.

#### 5.4.1.5 Control Over The Physical Work Environment

Six respondents said they had felt attracted by the possibility of having more control over their physical work environment. Many others revealed their pride in their work environments by showing me the views from their windows, and talking about the care they had taken to decorate and furnish their space. They were keen to ensure their rooms were comfortable to clients, and possessed a warm ambience.

ANDREA: ... to be able to have my own room, to be able to set it up the way I wanted to, to be able to have things the way I wanted to there. And for my colleagues to be able to do the same. And for us to bring, you know, that individuality into our consulting rooms and into the whole practice. And to be able to ... have it the way we wanted it, and present it the way we wanted. As well as to have that ability to make decisions autonomously and to be able to draw up our own policies and things. But, you know, to be able to just have the place the way we wanted it, the colours and the decor, everything just the way we wanted it.

#### 5.4.2 Improving Earning Potential

The significance of the desire to improve earning potential as a motivating force for private practice has been a topic of contention in the literature. Barker (1991a, 1991b) argues this is not a significant motivator, compared with challenge and autonomy, whilst Specht (1991) disagrees and suggests people would prefer to say they seek autonomy rather than money (Specht, 1991: 106). More recently Vinokur-Kaplan, Jayaratne and Chess (1994) found that actual income does not contribute significantly to job satisfaction and does not have a significant impact on social workers' intentions to seek a new job. They suggest that their results confirm Herzberg's (1966) theory of motivation.

The intensity of this debate suggests that its participants do not consider financial advantage to be an appropriate motive for social workers.

Fourteen of my respondents said they felt attracted by the possibility of improving their earning potential in private practice. However, I noted that when 6 respondents talked about improving their income potential, they were referring to the need or desire to have an opportunity to earn *any money at all*, for example, while parenting a young child. Others referred to the earning potential of private practice as opposed to the "glass ceiling" on incomes that exists for women or for social workers generally.

Tania, one of the pilot respondents, hoped to "push the glass ceiling" on female social workers' incomes by entering private practice. Since starting private practice, however, she had become separated from her husband, and was now the sole income earner while taking care of small children.

TANIA: On the positive side it gives me the hope that I can be in a place where I can earn reasonable sort of money and I can support the family, but it is another four years before I hope to have to work full-time. So that's a long time before Kerry is at school.

---

VANESSA: I hope to gain, mm, I also hope to gain, yes I do! I hope to gain a reasonable salary to compensate—compensate?—to

acknowledge my skills. Yeah, I was doing things in the hospital that I saw the psychiatrist do and I'm talking about the counselling and therapy stuff. Now they would do the drugs stuff and that's fine, that's nice for them, and I don't doubt that they had the skills for that. But I remember working with a guy doing family work and thought: "Oh, shit I can't get ... powerless enough for this fellow and yet he's paid three times my salary, and I'm following something through here that's not been followed through that is major stuff. Why is this?"

The desire for improved earning capacity was higher amongst immigrants than amongst New Zealand born respondents. It appeared that some of the newer immigrants had become trapped in low paying and stressful employment situations.

CHRISTINE: I found the pressure of work in terms of levels of treatment and professionalism not very good, supervision very poor. And I just felt that I would be happier, and more financially benefited. And I wanted to actually achieve more in terms of my academic qualifications. So it just fit everything.

#### 5.4.3 Improving Well-being

Twelve people wished to improve their well-being, and thought they would have more control over the stresses of private practice. More women sought improved well-being than men. In Chapter Nine I will discuss well-being in private practice in greater detail.

#### 5.4.4 Seeking Challenge and Professional Development

The challenge of private practice, and the potential for personal and professional development that this option would offer held appeal for 15 people. Respondents who had not suffered greatly from aversive workplace conditions rated challenge and development most highly. This is in keeping with the hierarchy of needs and motivations postulated by Abraham Maslow

(1954), who proposed that self-actualising needs become significant motivating factors once other requirements are satisfied. However, challenge was still appealing to some people who had expressed more basic needs such as well-being, status, and adequate income. This is in keeping with Alderfer's (1969) theory that several levels of need may be operating simultaneously in motivation (2.4.1).

STEPHEN: Yes, I thought ... I'd develop more, and I'd be challenged more, I'd have unusual opportunities perhaps come my way, I'd meet different people from the ones I'd meet in the hospital service. Yeah.

---

BELINDA: I suppose a bit of a sense of the challenge of going it alone, stepping out of the shelter of an established agency and testing myself against the market, for want of a better word, in a situation where people were free to choose to come to me or not. To face that reality in terms of whether I had enough skills to create a client group and retain it. Something about the kind of coming of age in that respect I suppose. It felt like time to step out into the arena ...

For a small group (5) the challenge applied specifically to the running of a business. However, Tony's comment that he keeps his enjoyment of entrepreneurial ventures a secret, raises the possibility that this may be a more commonly held covert interest.

TONY: ... I think there has always been a bit of an entrepreneurial side of me, kind of like a business side, which I find fascinating. There are one or two people in private practice that I discuss that with. And again that is a bit of a politically incorrect thing.

KATE: That you actually enjoy the business side of it?

TONY: Yes, like I have played around in the past with rental houses and that. And there is one or two people I'll discuss that with, but a lot of people I wouldn't, it wouldn't feel

okay to talk about it.

### ***5.5 Difference and Motivation: Gender, Age, and Immigration as Factors in the Motivation to Enter Private Practice***

There were noticeable differences in the motivational statements of male and female respondents, of respondents from different age groups, and between immigrants and those who were New Zealand born. I will discuss some of these differences below.

#### **5.5.1 Gender and Motivation**

As stated previously, there were 21 female respondents, and 12 male respondents.

Women more often sought control over their working hours. There was a clear relationship between child care needs and the desire for more control over hours. Women also more often sought to enhance their well-being.

Men more often sought to increase the clinical component of their work. They also wanted more choice over who their clients would be.

Men more often said they needed to re-evaluate their life direction and that they sought to enhance their sense of purpose.

It appeared, with some clear exceptions, that the men were more likely to talk about the "loss of purpose" component of burnout and dissatisfaction with workplace conditions. Women were more expressive of the personal costs of these difficulties on their general health and well-being. This may relate more to differences in the ways in which men and women expressed themselves, than to actual differences in their levels of suffering.

### 5.5.2 Age and Motivation

Respondents who were under 35 years of age (of whom there were only 3) sought control over methodology and the freedom to choose the clients with whom they would work; a basic level of control over the particularities of their work. They also sought challenge.

More than any other group, those aged between 35 and 45 (of whom there were 10) sought control over their hours, and they were the group with most young dependants, again suggesting the significance of family responsibility factors in career decisions.

Respondents aged between 45 and 55 (of whom there were 15) sought to engage in clinical practice without having to pass up promotion. They wanted to control their hours and earning potential.

Those aged over 55 (of whom there were 4) had all experienced restructuring, sought status and respect, general autonomy, and freedom from troublesome managers, and from ideological conflict. They desired good collegial relations, and felt there were no other jobs available, some because of their age.

Challenge seeking dropped off steadily with advancing age, as did the desire for control over hours after the age of 45. The desire for status and respect became much more important, as did the desire to work with colleagues whom one respected, and freedom from ideological conflict.

Older respondents had not been in private practice for longer than younger respondents, and the differences amongst age groups were not explained by reference to years of experience in private practice.

### 5.5.3 Immigration and Motivation

Half of all respondents were immigrants. Comparison of the motivational statements of New Zealand born respondents and immigrants showed that more New Zealanders had undergone restructuring, and now sought autonomy and control over policy making. They were looking for challenge, and more likely to be interested in the entrepreneurial aspects of private practice.

Immigrants were more likely to want to control their work load, improve their earning potential, and their status and respect. Interviews suggested that a number of immigrants had been in search of a better life-style, but had found themselves employed in positions that commanded low earnings, low status, and heavy workloads, perhaps not unlike many other immigrants (Segura, 1986). They eventually sought to escape from these conditions, in this case into private practice. "Hygiene" factors appeared to play a more significant part in their dissatisfaction and desire to seek improvement (Herzberg 1966).

ANNETTE: I found the system, I sometimes joked about doing slave labour because there were no rewards from the system. Nobody was ever patting us on the back saying: "Wow, you worked really hard!" Everybody kept saying: "Work harder!" And yeah, so it was dreadful!

## 5.6 *Opportunities for Private Practice*

Before respondents could perceive and grasp an opportunity for private practice, they appear to have required both financial and relational security. They generally drew a sense of financial security from the belief that there was work available. Respondents often also had some form of financial support, and they found reassurance in the knowledge that others with similar qualifications to themselves were engaged in private practice and succeeding. Relational and emotional security were enhanced by the support of colleagues and friends for the proposed transition. Most respondents had received such support when they discussed their thoughts about private practice with selected others, or when they revealed their decision to make the move.



### 5.6.1 Financial Security

About a third of respondents said they believed there was plenty of work available in the fields of counselling and psychotherapy when they entered private practice. This was the case particularly for those who made their transition during the 1980s. Some people had realised there was much work when they became involved in part-time private practice, perhaps after being invited to work by the Family Court counsellor co-ordinator. Respondents generally needed to believe they had a sound referral base in a community, or amongst colleagues and allied health professionals, to enable them to take the step into private practice.

When there were few others who offered the same speciality, for example, the counselling of children, this also enhanced opportunities.

BARBARA: I think another big factor was that my main area of work is with children, and at that stage there were very few people in private practice who worked with children. And at that point the Civic Crèche enquiry was just starting and so there was a big call for therapy with children, and not enough people to provide it really. So that was one of the factors which made me think: "Well at least when I start I won't have a shortage of clients."

Many found it helped to have a source of financial backup that offered a respite from having to earn a full wage for some time. This might come from a redundancy or severance package, or from a partner who earned sufficient income to cover household expenses.

Third party payments from the Family Court and ACC were important to many respondents, as these enabled more people to seek counselling. These payments, furthermore, allayed ideological concerns as they made it possible to work with poor people. I expand on respondents' issues with charging fees in section 5.7.1 below, and more extensively in Chapter Seven.

Some gained confidence from the knowledge that other social workers with comparable levels of qualification and experience were succeeding in private practice. This may provide a partial

explanation for the growth of private practice in a discrete geographical area such as Christchurch.

ANDREW: ... seeing former colleagues, knowing former colleagues working in that way, has led me to think: Well if they can do it, I can too!

---

PAULA: I could see at that stage of my training and of my personal development, the kind of role models that I was looking at in the field of private practice, and I noticed that social workers were doing it really well in terms of surviving well in private practice.

Respondents narrated encouraging private practice "success stories", using available role models as protagonists. Common role models were supervisors who were in private practice, and "pioneers" of private practice. Several respondents had all interviewed the same psychologist, who had raised her children alone while in private practice.

ANNETTE: I asked her years ago how she actually got into private practice, and I was really attracted to that. And then I thought I might do some more training and do that eventually. And then that thought got buried completely, and when I was in the process that came up again. So that was a bit of a role model because I really admired her independence. Yeah.

### 5.6.2 Support for Private Practice

Respondents received much support from their family and friends for their decision to enter private practice, and only some met with detractors. No-one's intimate partner discouraged them during the decision making process, and only one respondent (now separated) said her partner had been indifferent. Typically partners were aware of the stresses on the respondent in the workplace situation, and encouraged them to leave their employment.

RACHEL: Mm, yeah quite important in terms of support. My partner was very supportive. Probably partly self interest. He saw I was working crazy hours and I needed to change direction. He was supportive in terms of a sense of "You can do it, it is fine", and then kind of positive about the idea.

Friends were all said to be encouraging. Several mothers were supportive by offering not only encouragement, but also practical assistance with child care.

LIANNE: Well, my family has been quite supportive. My mother came up and had been talking to a woman who had set up in private practice, sort of the neighbour's neighbour's friend, that sort of thing, and ... I could call her and talk about the pitfalls that she'd fallen into.

There were 4 respondents who said their families of origin really did not understand what being in private practice entailed or meant. Some said this with affection, while others clearly felt frustrated. Two immigrants said that the culture from which they originated perceived government jobs as being particularly secure and prestigious.

STEPHEN: Ugh, the voice of my-my family is not here because I am an immigrant-but the voice of my father was residing in my head, and he was saying: "Once you've got a secure government job don't let go of it!"

Colleagues' responses were rather more mixed. Many responded warmly, and 7 respondents had considered making the move in tandem with colleagues. Others received invitations to join existing practices.<sup>62</sup>

On the other hand, 2 women spoke of envy amongst colleagues. A few respondents received

---

<sup>62</sup> Leonie Still (1990) interviewed women in business, and found that many first become self-employed through a partnership arrangement that provides them with financial assistance, and complementary skills and experience. Some women are "initiators" who have ideas but have to team up with others because of financial limitations or insufficient know-how. "Joiners" are asked to join an existing partnership (Still, 1990: 43).

challenges about abandoning the public system and charging fees. Several who had already experienced major workplace difficulties found their colleagues unhelpful, and one accused them of waging an obstructive campaign.

CHRIS: ... very grim, very unsupportive, totally unsupportive, ugly unsupportive. So nothing you can do about it, nothing you can do about that, that's the way it is.

Some professionals from other disciplines were helpful, amongst these were psychologists, lawyers, and general practitioners.

Supervisors were often consulted, felt to be supportive and encouraging, and especially helpful if they were in private practice.

Some respondents had believed that the social work schools in which they had obtained their qualifications would not support private practice. This meant they did not discuss their ideas with their erstwhile teachers.

SARAH: I would say that if there was any place that was not terribly supportive of private practice it was through, philosophically, the Graduate School that I attended really was not strongly supportive of social workers in private practice.

Several respondents thought there had been recent changes in socio-cultural beliefs about business ownership, and that these changes had affected social workers as well as the wider community. Previously, "New Zealanders have portrayed the entrepreneur as a 'dirty dealer', 'money grubber' or someone who 'robbed from the poor'. Women were socialised to believe that profiting from one's own business was ill-bred and uncouth." (Welsh, 1988: 6). Changing values enabled social workers to grasp opportunities for private practice, with less fear of approbation from colleagues and friends.

It appeared that people were able to withstand some detractions from work mates, other professionals, and management, and were able to tolerate the lack of understanding they received

from their family of origin. However, to be able to take the leap into private practice, they felt they had needed the encouragement, agreement, and support of those closest to them, partners, and friends. Professional support from supervisors and at least some colleagues was also important. This professional support might translate into referrals, although this was not always the case, despite promises being made.

Respondents were asked what could have stopped them from going into private practice. Responses included not having financial support for entering private practice; not having professional support of colleagues; and if there had been too many rules and regulations governing private practice in New Zealand. The latter comment was from a respondent who could not have easily entered private practice in his country of origin due to the statutes governing the independent practice of psychotherapy there.

## **5.7 The Decision Making Process**

### **5.7.1 Ideological Dilemmas During the Decision Making Process**

Whilst respondents had struggled with value conflicts in the agency workplace, many also struggled with ideological dilemmas about entering private practice. Their struggles challenge the perception that private practitioners do not experience such concerns and do not think about the social ramifications of their decision to leave public and voluntary sector organisations.

Often respondents felt concerned about the appropriateness of charging fees and the possibility that only the wealthy would be able to come to see them. Others cited their commitment to social action, the public welfare system, or to the collective benefits of salaried agency employment for social workers.

Ideological issues over fees charging were generally resolved by deciding that they would work with at least some clients who were paid for by third parties, Family Court, ACC, or Disability Allowances, and by linking fees to clients' ability to pay.

ANDREA: I think more that my social work background would tell me to stay in the public service. And in a way that was a

struggle for me, you know, to actually come to grips with that one because ... I felt that people should be entitled to services through the public health system, and that they should be entitled to the sort of services that we provide. And a lot of people are funded through public programmes such as Family Court and ACC and DSW and so on and so forth. But I still think that ... people should be entitled to those services. And so that was actually, it's always been a bit of a struggle, but I reconciled that one by having this sliding scale.

---

JANE: Mm I think it was my own conscience really.

KATE: Your own conscience?

JANE: Yeah. My conscience. Yeah. That idea of going into, I felt like I was becoming a capitalist by going into private practice and I really had a strong belief in a good public system, etceteras. So in some ways I felt like I was selling out. So that was quite uncomfortable to get my head around.

KATE: And you had to get your head around that before you made the decision to do it? Could you say a bit about how you did that?

JANE: Well I think there were, there are other people too, even outside of Christchurch, who I had respect for and admired, who were making the move too ... And I'd seen, again somebody with a social work background, working as a therapist in private ... So it was like a whole sort of growing awareness I suppose, that it was possible. ... [I] saw other people whose ideas and work I admired as well, working in private. Yeah, that people could do it and still maintain a social conscience, still be interested in social justice issues ...

Those who questioned private practice from a political macro-organisational perspective often remained somewhat regretful about having left public or voluntary sector agency practice, but felt their choices had been constrained by the erosion of welfare provisions, by agency policies, and the insistence of their own needs.

GEOFFREY: If I look at in political terms you know, there was also a move not to go. ... I knew what I was doing, that it was not politically what I wanted to see happen. It was like truck drivers ... becoming owner drivers ... and getting exploited more. And I knew this was going to happen. And actually I knew it at the time. I knew that by going private ... this was in some way an exploitation of the workers. Because I mean, going back there seemed less attractive than going private, and yet you sort of get, you know, all the benefits, all the training, all that. ... it would be much better if they'd kept me in these sorts of conditions and do this [work] ... under the decent public health system. But I would need these sorts of conditions. I would need this sort of autonomy, and be treated in a professional way ... None of this nonsense, you know!

---

NATHAN: I don't think its ideal because of what I said to you before about being an unreformed socialist. I think that social work is intrinsically bound up with the service, with social service, and it is the link often between people and the structures that impinge on their lives. That social workers are these strange beings that scurry around in the interstices of all of these. And I think that's most properly a state or a voluntary organisation's responsibility. I don't understand social workers working with individual clients in private practice.

One worker who had been educated overseas and was strongly committed to public welfare work told herself "I am in New Zealand now." Two other overseas trained social workers also said that there appeared to be few "radical" and community social work positions available in

New Zealand. One of these respondents did not consider her private practice work to be social work. These practitioners felt they had lost some of their commitment to social action in their adaptation to the new work culture.

### 5.7.2 Decision Making Style

I was interested to know how people went about making their decision to enter private practice. To my surprise few entered into extensive discussions before making their decision, although they did seek some advice from colleagues, supervisors, or role models. Few had spoken to professional consultants such as lawyers or financial advisors.

On reflection the lack of advice seeking may be self protective. I recall, as a young social worker, being told by my mentors that it would be unwise to indicate I was considering leaving my employment until I was ready to do so. My colleagues might otherwise begin to disengage from me, and no longer consult me. Unfortunately I did not ask whether this had been a concern for respondents.

The dominant decision making style of the respondents seemed to reflect an internal locus of control. Levin and Leginsky (1990) also found this internal locus of control of private practitioners, in their study of 126 independent social work practitioners in Canada. Private practitioners have this in common with other entrepreneurs.

Respondents to my research generally made the decision to enter private practice after a lengthy period of internal deliberation, although the final move might appear sudden. Only one respondent called himself impetuous, and even he had interviewed another practitioner and had read extensively. Those who had deliberated the move least were women who had never really intended to become private practitioners and entered by invitation to work while on maternity leave. Heather made her decision under such circumstances.

HEATHER: It felt a little bit scary I guess, but the fact that the person approached me took it out of my hands a little bit ... If I hadn't been approached I don't know whether I would have started so early after the birth of my child because I



was quite happy at home. I had nothing formulated on how I would get back into the workplace, that sort of just grew.

Others agonised and worried about the wisdom of their step. I found it interesting that several practitioners who considered themselves entrepreneurial also confessed to much anxiety about new ventures, and I wondered if they sought out such stimulation.

VANESSA: Extremely difficult, extremely difficult in that it was an emotional decision more than anything else. It was what I'd known, it was security, it was there, it was the system that I knew and grew up in and I was saying I wasn't going to be reliant on that system any more, I was going actually to be reliant on myself. So it was quite a growth transition for me, and I found it very traumatic for quite a while. I had a lot of sleepless nights worrying about it, you know, a bit like buying your first house and having your first mortgage. Can you do this and can you survive ...

Most respondents had considered the move for one to two years before making the final decision, although it was quite common for the final choice to be precipitated by a "last straw", usually a slight or slur.

BELINDA: I think there were two phases ... There was a period of ... I suppose a year to 18 months of thinking the time is going to come when I need to leave and be ready to leave, and then a quite sharp moment precipitated by something extraordinarily petty, that made it very clear cut. And within that week I had handed in my notice and I left.

Despite their concerns about the viability of their ventures, very few respondents made any contingency plans. They entered private practice with some trepidation, but mostly with excitement and hope of prospering.

KATE: Did you have any contingency plans if this was unsuccessful?

SUE: No, I never expected it would be unsuccessful. I would make it work, or we would make it work ... No we would fight that hurdle ..., if we had to do that, ... when we came to it.

## **5.8 Discussion and Conclusions**

It is clearly important not to underestimate the role of aversive factors in the decision to enter private practice. In this research such factors appeared to result at least in part from large scale socio-economic changes that affected welfare policies and resulted in restructuring of workplaces. The respondents were not naive in their analysis of such factors in their decision making. They did, however, tend to personalise relationship conflicts, and "domestic" needs, particularly child care requirements.

Some respondents felt marginalised compared with other disciplines in the workplace. In response they sought alternative employment that would allow them to have better status, and more freedom to work in ways that were compatible with their professional self-concept.

For most respondents private practice had not been a long term goal, and they could identify workplace improvements that could have dissuaded them from exiting salaried agency employment. A small number of entrepreneurial respondents, however, were keen to experience the challenge of establishing a business for its own sake.

In this chapter I have begun to note differences in respondents' experiences due to age, gender, and ethnicity related factors. The significance of gender differences in particular, will remain salient throughout the ensuing chapters.

## Chapter Six

### Aspects of the Life Histories of Private Practitioners

#### 6.1 *Introduction*

My reading of the literature on motivation, decision making, and social work private practice issues, combined with my psychotherapeutic knowledge and own history, alerted me to the potential salience of respondents' life histories in the transition to private practice. I invited interviewees to "cast their mind back" and tell me about any aspects of their background that might be relevant to their decision to become a social worker, and to their decision to enter private practice.

As a result, a wealth of narrative material was evoked. Once this was analysed, the themes that had emerged most powerfully, provided the key to the organisation of this chapter.

The respondents attributed a range of socio-economic backgrounds to their families of origin, but generally emphasised a left of centre or socialist political stance, as discussed in section 6.2 of this chapter. In section 6.3 the influence of education, particularly secondary school, is highlighted. The significance of religion and spirituality follow in 6.4. Half of the respondents were immigrants, and the impact of this is discussed in section 6.5.

In section 6.6 entitled "Gender and Identity Formation" I examine the stories interviewees narrated about their relationships with significant others, their parents and sometimes their grandparents, teachers, and other role models. I identify and explore the differences that emerged in the stories told by women and by men, and suggest that these relate to differences in their professional identity formation. Respondents also told stories about traumatic early personal experiences that they thought relevant to their decision to become social workers and private practitioners (6.7). These experiences led some to seek psychotherapy or counselling for themselves. The influence of the experience of personal psychotherapy on career choice is canvassed in section 6.8.

## **6.2 Socio-economic Background and Political Ideology**

Some USA commentators suggest that the majority of recruits to the social work profession are now second and third generation middle-class Americans (Black, Jeffreys, & Kennedy Hartley, 1993; Walz & Groze, 1991).

By contrast, Utley (1979) suggests that New Zealand entrants to social work education are from slightly lower on the socio-economic scale than their overseas counterparts. However, this difference may be diminishing, because tertiary education in New Zealand has become costlier over recent years, and agencies no longer pay study grants to enable employees to obtain social work qualifications.<sup>63</sup>

I made no attempt in my study to establish objective measures for the classification of the socio-economic backgrounds of respondents. Instead I was interested in discovering how respondents presented this aspect of their backgrounds.

Eight respondents to my study specified that their parents were working-class, and fewer talked of having middle-class origins.

The reliability of information on socio-economic backgrounds collected through interviews such as I conducted can be questioned for several reasons.

The experience of class status is subjective and relative. Social workers are likely to hail from less advantaged backgrounds than their peers with other social science qualifications (Enoch, 1989). Therefore, when social work educated private practitioners compare themselves to their colleagues from other disciplines, rather than to the general population, they may heighten their perception of working-class backgrounds.

Furthermore, social workers may emphasise their working-class origins because they think such roots confer a greater understanding of the plight of client groups, and ennoble the practitioner.

---

<sup>63</sup> As early as 1979, Daniels comments on funding cuts in health, welfare and education, and the reluctance of statutory agencies to release workers for study leave, when they must endeavour to continue to maintain a service (Daniels, 1979a).

Even when the client group of private practitioners is no longer exclusively working-class, the desire to emphasise working-class roots may persist.

Samuel and Thompson (1990: 8) note a recent turn to the celebration of humble origins as a version of Freud's "family romance". The myth of humble origins is particularly prevalent amongst business owners, who prefer to present themselves as being "self made". Peneff (1990) believes that this bestows a favourable label on capitalism by perpetuating the idea that anyone can achieve wealth. If anyone can achieve wealth there is no need for guilt about inequalities on the part of the rich, the poor may be lulled into false hope that they can change their fate through individual effort, and socio-economic structures need not be challenged.

In my research, although many respondents did emphasise humble origins, their persistent insistence on their ancestors' social justice concerns was even more striking. These concerns were expressed mostly through individual benevolent acts, rather than more radical political activity, as the quotations that follow will show.

There was also a recurrent element of ambiguity in their descriptions of their backgrounds. Whether they described their parents as working-class or middle-class, employees or business owners, respondents would commonly identify those aspects of their parents' values and ideals that set them apart and made their class assignment uncertain. This selection of "difference" as a dominant theme, suggests that respondents were narrating a marginal self-concept, an identity strongly vested in being "unlike", and "outside the norm".

For example, those respondents who said their origins were working-class, generally thought their parents held some significant middle-class values, especially on education. One respondent suggested this might result from having a Roman Catholic background.

VANESSA: And so it was, opportunities were very limited for my dad off the farm and my mum from very, you know, quite poor family background. But their Catholicism gave them a lot of middle-class values, and the private schools, the Catholic schools that they went to and things like that.

By contrast, interviewees who said they grew up with "...plenty of what we needed", generally

stressed that their parents were "socialists" who had shared their advantages with less privileged people.

More than a third of respondents had parents who were self-employed and half had parents and or grandparents who were self-employed. There were no discernible gender differences. Most self employment was small business ownership. Three parents were self-employed professionals, and several parents and grandparents were farmers.<sup>64</sup>

Again, respondents with self-employed parents almost invariably stressed that their ancestors were benevolent people, "socialists", and "Labour Party voters".

ANDREA: I say a business woman but I think ... perhaps she could have had a tighter rein on the business, but she didn't. She was very generous and there was always a leg of lamb or you know, a great big pie being cooked for a family down the road, or something like that, or being sent off to the nuns. And she was always doing things like that. And great slabs of sponge cake going off somewhere. I mean she gave away a lot of what she earned really, I think.

Those parents who had always voted National (right of centre) were redeemed in spite of this.

JEREMY: And dad's a contradiction in that he is the most socialist National support you could ever imagine. Even though he would never belong to a party other than the National Party, he believes one person's worth is as good as

---

<sup>64</sup> In her study of self-employed New Zealand women, Welsh (1988) similarly found many (63%) had a parent who worked within the business world. Still (1990) studied self-employed Australian women, and found her respondents' fathers were primarily self-employed. Whilst few of the mothers were career oriented, those who were forced to find employment due to circumstances were likely to be running a small farm or business. Welsh and Still's research suggests self-employed women are more likely than others to have self-employed parents. However, in his study of entrants to New Zealand social work courses, Utley (1979) found that over a third of female respondents came from a family in which their fathers were either farmers or businessmen, compared with 17% of male respondents. This confounds the picture, suggesting there may be no difference between female private practitioners and other female social workers in this respect.

another. And I told him once that's very socialist, but he does believe that.

---

PAM: ... National supporters, and pretty right wing really, but they were kind people ...

Only one respondent described his father as a strong National voter with an anti-welfare mentality. This man saw his mother and other women as the stronger influences on his life.

SAM: They've all been men with a philosophy of "pull yourself together" stuff, perhaps an anti welfare-government, probably very strong National voters. I guess that so-called rugged independence. Which is also a very weak too at the other end of the scale. But it's that brittle strength that was existing in most of them, most of my male forebears.

When respondents spoke of their own political persuasion they also described their views as "socialist", "unreformed socialist", and "feminist socialist". Some, however, recognised there had been a shift in their previously held political ideology.

STEPHEN: ... I think before I went into private practice I was almost always automatically radical left wing, liberal, against free enterprise and business and right wing ideas, and almost automatically so. And now I think I have got a more balanced view, I've balanced it more. I see things differently. ... Yes, self responsibility, without going along with the ideology of the New Right, which is a perversion of that self responsibility, you know, there's a big difference. I would say self responsibility, with social conscience.

Family injunctions were, on examination, often contradictory about responsibilities to, and care for self and others. Whilst parents might own businesses, or might eke out a precarious existence, they generally hoped their offspring would be in secure employment earning a good income, often represented by "a government job". They passed on family stories about generous

forebears, sometimes with pride, but also to serve as warnings of what might befall the innocent. As the following quote illustrates, although parents might intend these stories to serve as cautionary tales, respondents instead saw the wayward or foolishly generous protagonists as romantic heroes. Bob's perspective highlighted his sense of being different from his immediate family members, but the identification of a "just outsider" amongst his ancestors helped strengthen his sense of self.

BOB: My grandfather was an entrepreneur. Oh, he had quite a large grocery shop, in Ashburton, one of the largest, and this is where the social work stuff comes in. Over the depression he gave away food, a lot of food, to families in need with the idea that when they could they would pay him back. Of course the pay-back never came and eventually he went bankrupt. But he went bankrupt through his generosity to his fellow men, which I thought was great, but everyone else thought it was lousy (laughter).

Jeremy clearly expressed how the resultant self-concept was not singular but complex.

JEREMY: "Money's made to go round", says my Mum. And my Dad says: "Save your pennies and the pounds will look after themselves." You know, very clear differences, and I realise where they come from. And I realise I believe both of those things. So there are contradictions there, so yeah. ... you need to help and give, but you need to look after yourself.

### **6.3 Education**

The majority of respondents said that their families of origin placed a high value on education. The exceptions to this were 5 women, 2 of whom said they were working-class, and all of whom were over the age of 40. Their parents had not considered it important for girls to have an education "because you will only get married", and this had usually meant they did not complete tertiary education until they had children of their own.



By contrast, several women with Roman Catholic parents mentioned they had attended single sex "private" schools, regardless of their relative wealth or poverty, and they considered this to have been a positive experience. Other researchers have noted that a significant number of self-employed women have attended single sex schools. Leonie Still (1990) interviewed 25 Australian women who were self-employed, and found that 40% had been educated at single sex schools, often Roman Catholic schools. In a New Zealand study, Welsh found that 67% of her sample of 50 self-employed women had attended a single sex school.

Although New Zealand Catholic schools do not necessarily charge high fees, attending a private school is nevertheless identified with the middle-classes. Perhaps the tendency of the Catholic church to encourage parents to send their children to sectarian schools has led to a greater assimilation of middle-class values amongst Catholic households, at least concerning education. Furthermore, girls who receive their education in single sex schools may be more likely to identify with the achievements of their female teachers.

LIANNE: I went to a [Roman Catholic] convent school. ... I can remember this Australian nun actually saying about French imported shoes and leather handbags and what not, and saying that they are about teaching much more to the young women who went to that school apart from the nice things in life, but about sharing what you had, and giving back to the community. And so that's been a part of it too I think. ... the only other thing is ... having really strong role models in women throughout my life, ... both at home and also at school, that it probably wasn't till I got to university that people started talking about the fact that women couldn't do things. I was thinking: I don't understand this, it's not been part of my experience. So it never occurred to me not to have a go at something, or not to go into private practice because I was a woman.

Most respondents who identified their parents as working-class, thought their parents had been keen for them to become well educated. They felt disadvantaged, however, because their parents had been unable to aid them in their academic journey beyond high school into tertiary education, since they did not have the requisite knowledge about this aspect of the social world.

The following respondent felt angry that he had also received little assistance from his school with making educational choices.

BOB: ... my father was what he was, and my mother was what she was; they didn't have the information to share with me as to what I might have done. ... if my father had been an accountant chances are I'd be a boring bloody accountant in some high rise building. Or a complete drop out, depending on the conditions. But also at that stage, and this is an issue that my friend just raised recently with me because our high school reunion is coming up, and he's decided not to go because it actually gave us an education, but it's only because we worked at it. And in actual fact when it came time to guide us with that education to the next step, there was nothing there, absolutely nothing there. And so I just drifted on with my geography and history and things like that, and he drifted on with his languages. He's now one of the top computer men in town, and I'm doing this. Well, you know, that's really abysmal! And he also came from a working-class family. So we didn't have the real information we needed, being I suppose relatively bright and academic, at that interface between high school and university.

However, several respondents who had considered themselves amongst the economically advantaged also thought their parents had been unable to assist them to make appropriate educational and career decisions.

MARGARET: ... and no one else from my family had ever gone to university. So it's like I needed someone to say: "Hey if you can't do it, you get a tutor." But I didn't have anybody to say any of this to me so I changed to general studies ...

In view of the lack of alternative professional role models, it is not surprising that the most

frequent first occupation of the respondents had been teaching (9 respondents).<sup>65</sup> This appears to confirm Bourdieu's theory that lack of parental cultural capital is perpetuated through the education system (2.3.3). When respondents lacked cultural capital, this constrained the careers that were visible to them and attainable by them, even when they were high achievers in the context of their families of origin.

Welsh (1988: 44) also noted that 51% of her self-employed respondents had a teaching background. Welsh quotes one of her respondents who says that "Teaching is an excellent grounding for business because it provides leadership, motivational, and organisational skills." However, she also cites American authors Hardesty and Jacobs, who suggest that, for the pioneer generation of corporate women, teaching was in many ways a non-choice, a means of postponing the ultimate redefinition of their lives from a traditional to a career role. Many women eventually outgrew that career crutch and went on to more innovative careers.

#### **6.4 Religion and Spirituality**

Eight respondents said they had grown up with Roman Catholic parents and this appeared to be the largest religious denomination. As discussed above, they recalled the influence of the Catholic school system, generally in positive terms. They said they had developed a strong social conscience, but also an unhelpful sense of guilt.

Sixteen respondents mentioned other Christian religious backgrounds. Anglicans constituted the next largest group with 5 respondents. Two described this as having been "wishy-washy", whilst 2 spoke of a strong sense of social justice, and 1 of the humanitarian influence of atheist Anglican priests. Other Christian backgrounds were variously described as zealous, moderate, or weak. Social justice concerns were again most significant in these groups.

There was only one non-Christian religious background.

Three respondents said atheism was a significant influence, and that this led to the questioning of norms.

---

<sup>65</sup> Followed by social work (6), and nursing (4).

Two men had studied theology, and other male and female respondents had studied religion at tertiary level, and informally through reading and discussions.

One third of respondents spoke of the current significance of their spirituality. All but 2 emphasised this was a personal spirituality rather than a specific religion or church based practice. Forms of spirituality included Eastern religions, Maori spirituality, and women's spirituality.

Several respondents emphasised that clarity about one's spirituality is important in counselling and psychotherapy and in private practice, as clients inevitably raise spiritual issues as they explore inner concerns, and strive for wholeness.

CHRISTINE: I think a lot about my spirituality; I think to actually work in private practice you have to have a certain degree of understanding in those matters. I suppose the nearest thing I come to for my own spirituality is following more of the Bahai type idea, that all religions are basically the same. I have a client at the moment who speaks about God a lot, and I talk to her on her own terms. And I do that with all my clients no matter what religion or culture.

## **6.5 *Immigration***

Half of all respondents were immigrants. I did not realise there were this many immigrants amongst the sample until about a third of the way through the interviews.

Still (1990) also found that 32% of her respondents were born overseas, and 16% were from non Anglo-Saxon families. She notes that the overseas-born aspect has not previously been emphasised by other researchers. She suggests that this background may make women more adventurous in terms of their careers, although she acknowledges that her sample of 25 is too small to justify a definitive statement.

Several of the respondents to my research thought that their immigrant status played a significant

role in their choice of a social work or psychotherapy career, or in their transition to private practice. They helped me to recognise the significance of being an "outsider" or "stranger", and this later led me to examine the theoretical concept of marginality.

GEOFFREY: Well this is again a bit like all those Freudian analysts in New York. I mean, maybe it's to do with not so much with being privately employed but that like-look lets face it we're social workers in private practice, but most of us do ... what would have been called analytical work, now called psychotherapy, really. And it's, mm, it probably does need an outsider, need someone alienated from the culture. It's part of it really. Could be.

---

STEPHEN: ... if you think of it, a person in private practice, even though they may still work together well with other groups and other professionals, they work on their own, separate from the rest of the group, and immigration is also, about living your life separate from the rest of the group.

Once I had become alert to the potential significance of the immigrant status, I routinely asked people if they were immigrants, and if so, if they perceived a connection between this and their move into private practice.

ANDREW: Yes, I think possibly it has, I've never thought of it in that way, never made that connection but your asking me that leads me to think that, yes. I think in making that move basically my horizons were broadened. If we had not immigrated, if I'd stayed, if we'd stayed where we were and I'd grown up in that same town and with the people I knew, I'm sure I wouldn't have done the things that I've done in my life. I would probably be ... like many of my friends back home now, who've done what they've done, and stayed where they are. I think that that experience, as well as broadening my outlook, made me probably more open to change. Breaking out of the accepted mould perhaps. Whilst I didn't like it-I have

to say I didn't like to move, I didn't like coming here, I was dead against it. I didn't want to come and I didn't like it when I got here. What I found when I got here, I loathed! It was a dreadful experience and for two years, from 14 to 16, it was a very unpleasant, uncomfortable, unhappy time. But I got through it and I never looked back from then really. ... doing all kinds of things, really expanding my horizons in a whole host of ways. And I don't think I would have done a fraction of that if we'd have stayed where we were. I'd have carried on playing football, and I'd have been a small fish in a big pond. Out here I was a bigger fish in a smaller pond ...

People spoke of having a pioneering spirit, and of being an adventurer. One respondent said she had learned to cope with frequent re-locations as a child, and this might mean moving out of agency practice and into private practice was "not such a big deal". Immigrant respondents may have developed a capacity for "uncertainty bearing", an entrepreneurial characteristic also identified by Levin and Leginsky (1990) in their study of social work private practitioners. Furthermore, some respondents came from a culture where private practice was more common.

BARBARA: I think the two things that would be relevant for me was perhaps I came from a society, or certainly my family's culture, where private practice was sort of normal. And the other thing was that I had already experienced some of how the socialist government agencies may be going to go, because they had already gone that way in my home culture. I would say that those would be the two relevant things for me. But I suppose there is also the part of my background which is that my family moved backwards and forwards to China. And they first went there when they were really quite young. So going to a foreign country doesn't present as much of a problem to me as it might to other people. And maybe for that same reason moving from the security of a government job to being out on your own doesn't seem such [a problem].

Only 2 respondents, both female, did not perceive a link between being an immigrant and

entering private practice. Despite this, the following excerpt from one of the first interviews I conducted illustrates the prevalence of the immigrant's experience of being an outsider.

PAULA: I grew up in Britain so I am an immigrant if you like.

KATE: When did you...?

PAULA: I was an adult, I was 24. So I did, I don't feel like an outsider now, but there was a time when I did ... And that's got its advantages because I was able to stand back and get an overview of what New Zealanders were on about, without being part of it at first. Now I feel more sort of blended, but as I get older I think, yes, I'll be a bit of an old Celt wandering about. So that's been very important to me I think, about who I am. More so since I did that Project Waitangi workshop. ... yeah there was a time when I felt guilty about being middle-class and having that sort of Anglo kind of upbringing, and then that workshop sort of smudged all that into feeling that I needed to know what my heritage was and I needed to know about my cultural [identity].

KATE: Do you think any of that perhaps had a part to play in your eventual move into private practice?

PAULA: I don't think so, not really. I have an interest in immigrants of all kinds, in fact I did some work as a member of a support group which was attached to a piece of research, so I do have an interest in that. But I don't think it played a part in, well not consciously anyway.

## **6.6 Gender and Identity Formation**

Many respondents told "stories" of what appeared to be important events, usually involving relationships with significant others, ideals, and ideas about the world. Initially it was difficult to discern the contribution these stories could make to my study; they did not seem to relate clearly

to any questions I had asked or to the issues we were examining together.

When, however, I began to analyse the narratives using ideas derived from historians' explorations of myth, I began to discern differences in the themes of women and men's stories. I also noted that respondents commonly narrated events that took place during adolescence when, according to Erik Erikson (1959), individuals integrate their sense of identity.

This leads me to suggest that respondents were telling me about those aspects of who they were and how they related to their world that they considered significant to their professional lives and career decisions, as social workers or as private practitioners.

Women were more likely to say their mothers had been oriented to helping others, and often also described them as shy and self-effacing. Some had felt emotionally abandoned by mothers who were anxious, or occupied with many children. They were sometimes acutely aware of the hardships their mothers had suffered, and the sacrifices they had had to make for their families.

TANIA: I suppose my mum, my mum left school, had to leave school, at the age of 14, and when I was fairly young went back to school ... and went to Teachers College and went and got a degree. So she worked through all the things, I watched her. And my father died when I was still relatively young and so she had to support her family and do it all on her own, and without that she would have been lost. And right now that's exactly how I feel for myself too. If I hadn't made this kind of step I would be unhappy in a job, whereas I love my work now. And I wouldn't have the opportunity to earn the sort of money I can one day earn when I'm in full-time work. So I feel very lucky that I did it rather than as my mother had to do— wait until later. I can work for myself now.

It was usually the other women in the women's backgrounds who were the assertive role models, achieving aunts, grandmothers, and teachers. They might not like some of these role models as people but they admired their strength.

Many of the female respondents felt they had forged their own life paths. While they had



modelled themselves in part on "helpers" like their mothers, they also identified with "fighters"; living or mythical female figures "... like Joan of Arc or Bodecia or the Amazon Queens". They narrated stories of righteous defiance and opposition, challenging family, school, and cultural norms.

SUE: I was brought up as Anglican and moved very much away from my religious background, challenged, refused to be confirmed when everybody else in my class was confirmed at thirteen, or whenever it was. And my class thought I was naughty, because I was very naughty at school, and they thought I was rebelling. And it was only at a forty year on reunion where I was guest speaker, ironically for the Naughtiest Girl in Class, that we talked about some of these things. And my fellow students ... were amazed. The reason why I hadn't got confirmed was because I had an old great Aunt that I really loved who had double pneumonia twice and she died when she was ninety-six. And she had double pneumonia twice and was given antibiotics and revived at a time when she really could've been let die and then she ended up getting a very painful and nasty cancer and died a really horrible rotting sort of death. And at thirteen I was trying to come to terms with there being a loving God, and so I asked and asked, or I was about twelve I think, I asked and asked, in terms of my divinity class, how come that this could happen. And they were talking about this loving God and I never got a satisfactory explanation. Because I didn't get a satisfactory explanation I refused to get confirmed. So I was challenging at that age. I wasn't getting any answers that made sense to me, but I was certainly challenging. ... Being true to myself, I have to understand things. I won't go along with something unless it's part of me. Ha! So yeah, when I look back on that I feel quite proud of it now! I didn't at the time, I mean, my mother died a hundred deaths because I wasn't the same as everyone else. And she's died quite a few since then in terms of my rebelliousness.

It was in their images of fathers that women and men were most strikingly different. Women recounted standing up to their fathers, fighting and challenging them over issues such as their right to education, women's roles, and, in the following excerpt, animal welfare.

LIZ: Well, even as a child I had very set and clear ideas about things, and I read a lot. And I was, you know, like things on the farm where there was kind of what I would see as cruelty things, I would be standing there and saying my piece. And, you know, my father and I had these incredible rows. And we had to go out and help with tailing and all that kind of stuff, and in the end I said that I wasn't going to go anymore. And, you know, I mean, that was me being very defiant because we all had to go and help, and ... we didn't have choices about it. So I just stood my ground and said I couldn't, didn't want to, and I wasn't going to, and you can't make me type of thing. I don't know how old I was but I suppose I was early teenage. Yeah, so that was kind of like me. So I think they always thought I was a bit odd.

Men, by contrast, mentioned their mothers less frequently, occasionally as being strong and close, and other times as weak and anxious figures. They emphasised gentle kindly fathers, men who talked to them. They often found that their fathers became unable to advise them, usually due to having "no education" or "no idea" of their son's occupation, but there was not the same emphasis on standing up to fathers and fighting for rights.

BOB: ... my father ... was a kindly, caring person ... who loved to yarn but spent his life working under cars. But his genuineness and kindness towards people I think set me up as being the sort of male I am. Mm, mm, but apart from that, there's really nothing to suggest, that I've become what I've become.

---

TONY: Dad always used to confuse me because he was so proud of what I did, but he didn't have the faintest idea. And ... when they retired ... he would take me to bowls with him, and

we would have a few drinks later. And one day I would be a psychiatrist, and the next day I would be a psycho.. And he didn't have the faintest! And I really valued that too, I come from a really simple background.

Some men's role models were akin to spiritual guides and intellectual mentors, who had a calming influence during difficult times in adolescence.

STEPHEN: I think when I was fifteen I was, it looked like I was walking a bit close to the edge, in certain ways, together with a friend of mine. And a religious teacher at our high school plus another teacher ... were in contact with, what do you call, not a Mother Superior but a man equivalent of a Mother Superior, in a monastery, anyway Father Superior, that had just come back from India, and this was 1969 1970 or so, just when a whole wave of that stuff was happening. And he'd learned something about meditation. And this religious teacher and this other teacher, they were spot on. They were spot on in picking us two out and saying: "Why don't you come with us this Saturday, we have got something interesting to show you." And they took us along to this monastery, beautiful building, and there were all these, about twenty people, and we all got a free two hour instruction on how to meditate. And I was fascinated by the experience, blown away by it. So that got my interest in Buddhism kindled. At the same time also ... you can't look at that without looking at the human psyche as well, so psychology became very interesting too. I think that sparked it all off.

---

CHRIS: ... you know, he died when I was seventeen so I didn't have much time with him, it wasn't long ... and I never knew him as an adult which I still feel very sad about. I've done a lot of recreating, you know, the imagery. And I come from a very small family so I hadn't been able to find anybody that I could go to get me information. So I've had to recreate a

lot, which has been interesting. But, mm, my father taught me some very important things. He taught me how important it was to question everything, to not suffer fools, to be humble, to recognise that anybody, regardless of who they are, have value, have a point of view. That, don't be harsh to judge, don't be a nuisance, don't, you know, don't waste people's time, you know, those kinds of things. Pretty amazing when you're getting that kind of stuff when you're ten, twelve, fourteen years old.

Several men recalled being a young person and sitting quietly while grownups talked around them. They felt safe and included by such experiences, that helped them learn to negotiate the transition from child to adulthood. Three men said they continued to feel the daily presence of, and regularly consulted with, a soothing and wise ancestral figure (a father, a mother, and a grandmother).

In order to understand the differences expressed by men and women more fully, I explored the material for common mythological themes identified in the literature. None fitted easily, excepting men's emphasis on the need for spiritual guides (Cruikshank, 1990) and mentors in adolescence (Samuels, 1993).

Gilligan (1982) suggests successful women's narratives contain violent imagery, reflecting women's fear that if they become successful, they will experience abandonment. There were indeed suggestions that female respondents had such fears, and, as we shall see in the next chapter, these came painfully true for some when their marriages ended following their transition to private practice. However, the stories under examination here were not of violence, but of assertiveness.

I next turned to Lichtenberg's (1989) theory of motivational systems and examined if his classifications might offer insight. When I considered the narratives told by respondents from the perspective of this theory, it appeared that women were emphasising the strength of their "exploratory and assertive motivational system". Men, by contrast, emphasised the development of the "attachment and affiliation motivational system" (2.4.1). These strengths would appear to contradict the gender norms. It seems that respondents were highlighting aspects of *difference* in

their identity or gender roles that explained later career decisions, when men who care about relationships became employed in helping professions, and independent assertive women established businesses of their own.

## **6.7 *Psycho-social Trauma***

Lackie (1982) examined the incidence of trauma in the backgrounds of 1,577 social workers employed in agency practice and in private practice, and found that the private practitioners had experienced greater dysfunction in their families of origin. In response over two thirds had adopted "... roles that promoted seeming selfsufficiency: the parentified child, the overresponsible member, the mediator or go-between, the 'good' child, the burden bearer." (in Lackie, 1983: 310). Black, Jeffreys, and Hartley (1993) also compared the level of traumatic early life (pre 21 years of age) experiences of 116 social work and 46 business students. They found that the incidence of trauma in the social work students' histories was greater. Specific trauma included a history of parental alcoholism (55% of social work students contrasted with 13% of business students) and other substance abuse (27% contrasted with 0%); physical abuse (24% contrasted with 4%), sexual abuse (22% contrasted with 2%), and emotional abuse (38% contrasted with 4%); a background of physical illness (56% contrasted with 18%) and mental illness of close family members (28% contrasted with 4%); death (72% contrasted with 40%) and attempted or completed suicide in the family of origin (12% contrasted with 0%); separation (16% contrasted with 7%) and divorce (15% contrasted with 9%).

I made no attempt to ask all respondents about the incidence of trauma in their early life history. Therefore the real incidence may have been greater than was disclosed. On the other hand, it is likely that private practitioners with an interest in intra-psychic issues are more aware of the significance of traumatic events. This may make them more likely than other social workers to identify such events or to speak of them openly.

The women and men I interviewed had experienced death of a parent, parental separation, alcoholic parents and unavailable parents, frequent disruptive travel, and ethnic discrimination and violence. In common with Lackie's (1983) social workers, most had played parentified or over-responsible roles within their family of origin, becoming the family facilitator and mediator. This had led them to develop certain skills and talents they now drew on in their

professional lives. However, they also considered their experiences had caused them to become anxious, guilty, and angry at injustices. Those who identified a connection with their choice of a career in social work and private practice cited a concern for intra-psychic suffering, and for abandoned or neglected people. They spoke also of a lifelong tendency to over-responsibility, and the capacity to listen and empathise. These learned roles had often led to a certain amount of isolation, as the respondents' roles, responsibilities, and thoughtfulness had set them apart from their age cohorts. Some experienced difficulties in dealing with large group situations, and several expressed a tendency to introversion, or to withdrawing from stressful social situations.

There was no discernible difference in the level of psycho-social trauma of counsellors and psychotherapists, and organisational consultants.

CHRISTINE: It started from my childhood if you want to go that far back. My father died when I was four years old and I was brought up by my mother and I also had a sister who is five years older. And that was a very lonely upbringing, so I really in a way brought myself up and socialised myself at university—and as I said had a wonderful time. [I] have always thought about how people think and feel and I have just been aware of other people quite a lot and I'm very analytical. So I think all those things pointed me towards psychology.

---

VANESSA: I grew up with an alcoholic father, deprived, a mother with a social phobia, terribly deprived background, ... a mother who wasn't available to me because she was so busy. I felt bullied and bossed around ... My father was impatient and intolerant of me and quite nasty and did some very dreadful things to me. And as a child I identified with Black Beauty being separated from his mother, the wee boy, the wee horse. and bawled my eyes out in the middle of class, and felt, cried when they talked about the Aborigines and what was happening to them in Australia. And, you know, all sorts of things like that. ... obviously from a very early age I started identifying with the deprivation and the rejection and

the not belonging ..., and so I lived with the background of that all my life.

---

JUSTIN: ... I was basically an only child ... by the time I was eleven or something ... And my parents were much older than any of my friend's parents and ... they used to go away every weekend to a beach house, a holiday home and I'd be at home, and with friends. And I can remember having weeks when I hardly saw my parents during that time; we'd just pass. And so my teens, my late teens, before I left home, I was very by myself and I think I was very lonely at times. But also I became very independent. And I think that's still reflected, its a pattern that comes up in my relationship, like with my wife and things and then in the business I'm in now, the partnership—that for me ... its ... easier to be by myself and to make decisions by myself, and I do that first and then I remember, Mm, you know, Do these decisions affect other people?—whoops—and I'll go and work it in with that. Whereas I notice by contrast, my wife and other people who are more, in Meyers Briggs terms I have been more of an introvert, and people that are more extroverted, they'll tend to consult with other people and the decision gets made with others. Whereas with me the decision will be made, I'll consult other people but I'll make the decision.

Nathan talked about his traumatic childhood experiences and then elaborated on their relevance to his entry into social work, and his decision to move into private practice.

NATHAN: ... so that's how I got into social work, through all of that sort of anti-authority, anger, very strong feeling of being different. I've always felt that all through my life, that I have been weird as a man in New Zealand. ... when I find people in social work who don't have that feeling I find people who aren't very effective social workers to be honest. I don't know if that's true of psychotherapy and counselling,

but social work and community work certainly seems to have more than its fair share of people who start off kind of victims and become survivors, but angry survivors, and have an anger which is probably displaced from personal experience to structural issues, political issues. So that's how that happened and I suppose the decision to go into private practice sort of in a sense continued that. It was a logical and safe, it was a logical progression because of skills I'd developed, but also it was a safe refuge ...

KATE: And to perhaps move to the private area from really struggling with authority might not be so surprising either really?

NATHAN: Well that feels pretty wimpish really, but it is, I mean there is a sense in which part of survival is retreat and I guess some of that .....

KATE: It has felt like a retreat to you?

NATHAN: Yeah, retreat into a little asylum at times .....

NATHAN: I didn't say this to you before, I'd almost got to a point of saying I can't do anything connected with social work any more and I need something healthy for the rest of my life so that I don't die an early death. I then walked into what has turned out to be in some sense as a quite stressed sort of thing all over again, I guess you know, your psychotherapy training will tell you, you keep walking into the same sort of situations ...

Although some respondents recognised a tendency to withdraw or isolate themselves in the face of difficult social and professional interactions, there was a counter-urge to engage in a struggle towards connectivity, and towards the rectification of social injustices. This created a distinctive tension, that may contribute to an experience of marginality; neither fully part of the habitus, nor content to remain apart from it.



## **6.8 *Psychotherapy and Counselling for Personal Issues***

Of the 30 respondents whom I asked, 18 women and 6 men had sought psychotherapy or counselling for personal issues. Only 1 of the women said she had never sought such assistance, and 5 of the men never had (although 1 said that did not mean he did not need it). Of those who had sought psychological assistance, the majority did so before entering into private practice, sometimes as well as afterwards. Four women and 3 men could see a clear influence of the consultations on their decision to enter private practice. They had felt affirmed in their ability to succeed in whatever they chose to undertake. They had felt attracted to the kind of work that their psychotherapist was doing, or were in awe of the therapist's ability.

For others the relationship between personal psychotherapy or counselling and the decision to enter private practice was a more tangential one. It might have led to the realisation that they needed to take better care of themselves, and this might have influenced them to embark on private practice. It might have fostered a greater acceptance of the uncertainties in life, and thus facilitated the "risky" transition into private practice. Psychotherapy or counselling might have provided experiential insight into the value of providing assistance to people who are experiencing a traumatic life experience.

KATE: Do you think those consultations influenced or affected your decision to go into private practice?

BOB: Not, not that per se, but what did influence me heavily in terms of my decision ..., once I'd nibbled into and found out about Family Court work, [was] the fact that I'd been through this process, and had been so lost and so needy. I saw really perhaps the importance, and that was a big influencing factor.

## 6.9 Summary

Whilst it is important to remember that narratives are recursive constructions, selective and context dependent, my decision to attend to the form and function of narratives over their content and verifiability, allowed me to discern important themes.

The narratives constructed by private practitioners in the context of this study highlighted a pervasive concern with the ideology of "social justice", specifically equal access to resources. Respondents emphasised the formative role their ancestors' "socialist" ideals played in the development of their professional identity. They recognised that their parents' ideals were generally benevolent rather than promoting radical social reform.

There were indications that the respondents' socio-economic or cultural backgrounds had restricted their educational and occupational choices. They regretted that their parents had been unable to guide them in canvassing all available options. This finding resonates with the ideas of Bourdieu, who theorises that habitus is perpetuated through the education system (2.3.3, 6.3).

The experience of being on the boundary between two worlds re-verberated throughout the narratives, in descriptions of ambivalent socio-economic class assignments, experiences of immigration, and parental injunctions to self and other care. Respondents reflected on being the "outsider", "stranger", and "a bit odd" amongst family and social affiliates.

Respondents considered that this marginal position was important for social workers, organisational consultants, and counsellors or psychotherapists, because it enabled them to retain an independent perspective. Being able to tolerate the position of outsider also contributed to the ability to work in private practice, outside the structure of an employing agency.

Many of the respondents had experienced early traumatic events, leading to a highly developed concern for social justice and for the relief of distress in others, at times combined with a tendency to withdrawal and isolation. They perceived a connection between their childhood experiences, methods for dealing with difficult situations, and a tendency to be inner directed in their decision making (5.7.2).

In Chapter Five I suggested that the respondents were not naive about the socio-economic factors that prompted their transition to private practice. The current chapter has shown they were also readily able to draw parallels between events in their personal life histories and their professional lives.

## **Chapter Seven**

### **Establishing a Private Practice**

#### **7.1 Introduction**

When the respondents in my study established private practices they faced two major tasks. They needed to choose a setting for their practice, and they had to establish a sound basis for generating income. This chapter explores the decisions that respondents made about these major issues, and the consequences of these decisions to themselves as professionals, and to their working and family lives.

Private practice settings comprised solo settings, including the home office and the solo office, and group practice settings. In section 7.2 I describe these settings, discuss the decisions respondents made regarding their practice settings, and their reasons for making these decisions.

Many respondents experienced isolation in private practice. Although the group practice setting appeared to ameliorate the experience of isolation, being part of a group practice did not entirely overcome isolation that resulted from the loss of the team work structure. This may have implications for the management of the transition process.

The requirements for generating an income are discussed in section 7.3. Generating an income required respondents to receive regular referrals. They needed to establish a niche in the market place, and to create a marketable profile. For referrals to result in income they also had to apply an appropriate fee structure, and this was particularly difficult for many respondents during the establishment phase.

#### **7.2 The setting**

##### **7.2.1 The Solo Practice**

There were two settings for solo practices; the home setting and the solo office setting. The home setting was usually a dedicated room, frequently close to a main entrance of the house.

Sometimes it was separate from the home but on the private property. The solo office setting most frequently consisted of a single room, sometimes with a waiting room, in an office building that also housed other types of businesses.

Because a number of the respondents had experienced distressing inter-professional difficulties in their previous workplace, it is perhaps not surprising that the majority now worked in a solo practice setting. Two thirds of the male respondents and half of the women worked alone. However, although men who worked alone preferred this, for the women it was a regrettable necessity. They occasionally cited financial reasons for their decision, but most commonly child care requirements.<sup>66</sup>

Organisational consultants, who worked with corporate clients or engaged in project or advisory work with institutions, most commonly worked in a solo practice setting.

#### 7.2.1.1 Working From Home

There were 12 respondents who worked from home, 7 women and 5 men. Home based respondents included counsellors who worked with adults individually or in couples, but not psychotherapists who were members of NZAP (5). Several organisational consultants worked from a home office.

The cost of a home based practice is considerably lower than that of other practices. Practitioners who work from home do not pay an additional rent or mortgage, and can claim tax rebates on their telephone, maintenance, power, and other business related expenses.

However, working from home raised issues about the maintenance of work and leisure boundaries, and professional and domestic boundaries. Practitioners sought to define these boundaries along spatial and temporal dimensions, by dividing the work and professional areas physically, and by allocating set times to different activities. These issues were of concern not

---

<sup>66</sup> As stated previously, further implications of these gender differences will become clearer over this and following chapters. In Chapter Eleven a theoretical discussion will relate the respondents' experiences to differing gender role expectations and proposes a systems perspective to analysing the perpetuation of these differences (11.5).

only to respondents who worked as counsellors, but also to practitioners who worked with corporate clients or institutions.

It became evident that women and men had chosen this practice setting for markedly different reasons, and that their choices led to different concerns. Although men also gave careful consideration to boundary issues, it appeared that women faced a greater struggle to have their professional needs recognised by their significant others.

NATHAN: I had to a large extent been able to confine what I was doing to the office, I would just come home late if I had to work. Suddenly work was in the home and people phone you at all hours of the day and night, seven days a week. That's a big change. Suddenly one room in the house is an office, and its very easy [to] just drift in and—"Well I'll just go and do some more work". So quite quickly it can escalate and you don't have the boundaries any longer. When the office is somewhere else, when it is ... kilometres away there are boundaries that don't exist when you are working from home. I did quite a lot of research on how to work from home, how to run my own business and so on. I talked to a lot of people and I read, there was a book that came out at the time "Working from Home" and there is a second of that book out now, and I found that really, really useful. It was a really useful book. It gives you an introduction into buying the technology and, you know, those issues of, say you've got a really busy home with children, you've got a wife, you've got friends and so forth, how do we manage that? All that sort of stuff. And setting boundaries in terms of either closing doors or times. And time was another thing, another issue in terms of disciplining myself to get up and start work and making sure that what I did for recreation was done at a time when people weren't going to phone. What I was doing for recreation was running and it would be absolutely [great weather] to go out and run. And you would put it off until the end of the day, and then the sky would fall in. You might think those are complete silly issues but cumulative they all

...

---

LIZ: ... for me as a woman ... like my work is not really seen in context of what I do really. [My family] ... still see me in a very much a gender role really. Even now ... they don't even really comprehend what I do, you know, even though I have talked about it a little bit. But they are not really interested. I think it frightens them a bit (laugh) not knowing. So I don't have any support from my family really, with it.

... And I guess the other thing that is more difficult in working from your own home is when I have people staying in the house. Like that mix of my private life. And I find that people don't really understand ... that this is my work time. Yeah, I am a working person, this is my working day.

... Yes, it might be that I am not physically in my room working, I am here [in the living room], but I have still got stuff in my head, and so I find that much harder. Yeah, that is ... one of the costs I guess.

For 6 of the 7 women who worked from home, the need to combine work and child care determined the choice of practice setting.

I interviewed Lianne while she was minding her baby and a friend's child. She had thought the babies would rest during the time of the interview, but they clearly needed her attention, and she fed, cleaned, and soothed them. Fortunately my microphone was able to record her words as she moved about the room, but when she sat down briefly, she commented she felt uncomfortable doing so. She felt as if she ought to be occupied all the time. Later she wrote:

LIANNE: Children are unpredictable!! PS I remembered another issue regarding difficulties of working at home—being able to motivate myself and find the time during the day is really impossible—to do accounts and extra admin. etc.

Nicola Armstrong (1997) notes that respondents in her qualitative study of New Zealand teleworkers<sup>67</sup> placed restrictions on their children to prevent them from disrupting the professional image.

Respondents to my research similarly placed restrictions on their children, for example, on their answering of the telephone or opening the door to clients.

HEATHER: ... generally during work hours I only answer the phone. After ... 5 - 5.30 my oldest child's allowed to, but she has to do it, I mean she is well trained, she is ten and she is well trained how to do it. That if I'm not here she is always clear about when I will be able to get back to them.

Despite their efforts, respondents were sometimes unable to prevent their children from insisting themselves on the process.

INGRID: ... once or twice someone has kind of catapulted out of the kitchen and said: "I hate clients" just as someone has walked into the hall. And that kind of thing has happened, so that has been a challenge! ... (laugh) Fortunately, you know, I mean it has been, we have talked about it in our session. And there has been the odd moment. And those sorts of things are very distracting, and that is an issue, an ongoing issue about working from home.

---

VANESSA: Mm, the transition was for me child care, major, major issue, very difficult. I mean, I'm a mother with small kids, ... it was just such a major influence. I work from home. Working from home is not the best. I still do it though because of the money. ... if my children cry, I can't conc[entrate]. If they have a fight, even though I've got

---

<sup>67</sup> Self employed men and women who use electronic telecommunications equipment to communicate with their clients and to carry out their work.



baby sitters, I've got to get up and see what's going on, I can't sit there and listen. ... Not good, not good. Its much much better to have nobody around. ... its not good to have the other part of your life so visible.

One respondent sought to overcome such difficulties by having her children cared for elsewhere during the few hours that she worked.

HEATHER: Yeah, I guess it's been very clear that, although I work from home, I wanted it to be a professional service, as in not blurring the boundaries.

KATE: How did you ensure that?

HEATHER: By being very clear that I would have adequate child care, I couldn't rely on the baby being asleep or whatever, while I was working because I'd need, I wouldn't be able to focus, I'd sell people short. ... So I was very clear about boundaries in terms of having my child somewhere else. Mm, having that well enough done so that I wouldn't be worrying about it.

Despite dissatisfactions, most female respondents with small children continued to see home based practices as their only viable option. When child care needs receded, these practitioners might not remain in private practice. Women who worked from home more frequently considered leaving private practice temporarily or permanently, to re-engage in salaried social work. Because there are fewer financial commitments, home based practices can be more easily exited and re-entered as family needs change or employment opportunities arise.

Other researchers recognise the propensity of some self-employed women to accommodate their business to the financial and domestic needs of their families (Armstrong, 1997; Still, 1990). I found that what set the home based women in my study apart from women who worked in group practices was their age and their status as mothers of small children. It was this that appeared to determine their current focus on domestic priorities, not their previous or eventual lack of professional drive.

Men's experiences of working from home were markedly different.

Only those who had most recently begun private practice and had felt concerned over the viability of this venture in the current economic context, said the need to contain financial costs had influenced them in their choice of practice.

Generally men who worked from home did so because there was a space available, and this appeared to be convenient. If they had children, they expressed fewer difficulties over child care arrangements, and they appeared to be able to attend to their work relatively unencumbered. While they were also alert to the need to maintain boundaries between their private and professional spheres, their partners often assisted them in this task.

TONY: Telephone, we only have one line, and generally Susan, we'll use the answer phone or Susan will just take messages during the day.

Men who worked from home generally felt less isolated than women who did so, and they appeared to feel more satisfied with what was for them a lifestyle choice.

ANDREW: The upside was that I'd have more time at home and I could be a father and be more available to my child. Spend a bit more time taking her to the crèche and picking her up and spend time with her ..., those kinds of things. More time with my partner, we could have more family time. And to a slightly lesser degree that's still so, basically I work over four days and so does my partner, and we have a three day weekend.

Five of the 12 respondents who worked from home combined this with hours in an alternative setting where they rented a room on a casual or regular basis. Most of those who did so were men. Their primary reason for doing this was to be able to see physically or sexually abusive

clients whom their families were unwilling to have come to their home.<sup>68</sup> Another reason was to prevent isolation.

#### 7.2.1.2 Working From a Solo Office

Four men and 3 women worked alone in an office building.

The women who worked in this way shared the room or facility costs, and cost reduction was their primary reason for their choice of location. They attempted to keep costs low because they felt concerned about the viability of the practice, or because they wished to work part-time to be with their children after school. One woman was particularly keen to keep costs down so that she could offer lower fees to clients.

Again women do not appear to favour the solo way of working.

PAULA: I would recommend to people, I think the ideal thing really would be to, perhaps one of my goals is to buy a house with somebody else and then you've got a couple of rooms, perhaps a group room and you've got a waiting room and all those sorts of things. And work with somebody else. I think that would be the ideal but I don't know anybody who does that first off. But I think the one that grabs me is the group practice, that's probably what I'll keep in mind.

Several women had moved from working alone to working in a group practice. These women had usually entered private practice in the 1980's when there were few group practices to join, and they had come to feel isolated after some years.

By contrast, several men moved from a group practice to solo practice. It appeared that for them

---

<sup>68</sup> Few respondents specifically raised physical safety as a concern, but they were frequently concerned about the social and psychological effects of the intrusion of their work on their home life. This is discussed in the next chapter, in the context of availability issues (8.4). Gair and Thorpe (1996) suggest that physical safety concerns may be minimised and underreported by women in part due to the denial of vulnerability, a desire to help clients, and also because of a fear of being labelled incompetent practitioners.

the isolation of solo practice did not sufficiently outweigh the advantages of this setting. Advantages included freedom from conflict with colleagues, freedom from group constraints on practice decisions, and occasionally financial benefits, because a single room may be cheaper than a large shared practice.

Similar numbers of New Zealand born respondents and immigrants worked alone, but they chose different solo settings. Of all those working from home there were twice as many New Zealand born practitioners as immigrants, while immigrants were 5 times more likely to work alone from a building. This difference may reflect different cultural perceptions of private practice on which practitioners model themselves.

### 7.2.2 Group Practices

At the time of the interviews, 14 practitioners worked from a group practice. Groups were usually relatively homogeneous, with all members offering counselling and psychotherapy services, although professional backgrounds might be in social work, psychology, and psychiatry. Occasionally other human service professions such as general practitioners were on site.

Women and older practitioners, especially those over 55 and without dependants, chose to work in a group. The most common reason respondents gave for selecting this setting was the prevention of isolation. Safety was another concern. Physical safety concerns predominated for women. Women, particularly those working alone, face to face with distressed and disturbed clients, can indeed be at risk of physical violence (Gair & Thorpe, 1996). Men felt more concerned to avoid client complaints.

PETER: I would never see anyone at home, so this is my place for seeing people. And I would certainly never see anyone here without someone else being on the premises. The reason being that I have had students over the years who have had accusations made by clients and patients. ... Well there are some private practitioners working from home. I think it is unethical. ...

KATE: You don't approve of it?

PETER: No, not a bit, if they get into trouble then they will find it very very difficult to answer.

Women who worked in a group practice had entered private practice primarily as a professional career move. They too had fears of financial failure, but these did not override their decision.

The location, ambience and presentation of group practices received much attention. Because respondents often established practices "from scratch", they had to invest much energy, and sometimes money, into re-furbishing and furnishing premises.

The following excerpt captures the typical concerns of group practitioners

BOB: ... I think a lot of people had moved out into private practice in the '80s, and they were all feeling pretty isolated and pretty lonely ... We'd all come from large organisations like Social Welfare, like Justice, and all those other church agencies, and we'd had colleagues down the hallway. We'd been able to talk over tea cups, we'd been able to share, and so, ..., by 1986 or so people were starting to feel a bit lonely. And so there was quite a motivation to come together as a group. But of course then there was the relative cost. Mm, and of course those costs, I forget the actual costs of running this place, it is about thirteen, fourteen thousand dollars a year for the basic running cost without anything else. But, we felt that was important, just for the, creating the facility, and a receptionist.

KATE: The receptionist was important?

BOB: That that was quite a big issue, because I felt it quite relatively unprofessional, using answer phones and not having someone there to talk to for clients that are ringing in. And that was quite a big issue for me, and certainly for the others, ... I'm not sure if that's a big issue, but it was for

me .

Employing a receptionist or a secretary meant that respondents had to move into the previously uncharted territory of employer employee relations, and this was not without its pitfalls.

RACHEL: So a secretary seemed good. But that again was quite a ... big move that we didn't really think through, and we were fairly naive about how we approached the contractual arrangements. It was a good move, ... but there was a whole lot of problems ... that we had to deal with because of our ... lack of knowledge about how to be a good employer. Not knowing the skills of being an employer and being too nice. So a learning curve.

The disadvantages of working from a group practice included the high costs of overheads, and the long hours that respondents had to work to cover these expenses. Being nevertheless able to remain accessible to low income clients was an attendant concern.

Colleagues often were, or became, friends, hence conflicts could be all the more painful. Usually respondents had been able to resolve these conflicts, but their impact led at least two people to find a solo working base.

### 7.2.3 Isolation in the Private Practice Setting: Loss of the Team and Organisational Structure

USA social work researchers employing quantitative methodology have noted that professional isolation or loneliness is one of the main drawbacks of private practice (Alexander, 1987; Barker, 1992, 1994; Hardcastle & Brownstein, 1989; Levin & Leginski, 1990; Strom, 1994). Twenty-six percent of Manthei et al.'s (1994) sample of New Zealand counsellors in private practice also referred to feelings of isolation, although more were concerned over lack of administrative knowledge (48%), or had fears over generating enough income (37%), and fears over competency (30%). It is not possible to determine from the information available whether isolation is of greater concern to private practitioners with a social work background than to those with other professional backgrounds.

Although my respondents had experienced difficulties with colleagues and managers in the workplace, and expressed a dislike of meetings, many (19) experienced a sense of isolation in private practice. This reflects the tension that existed between withdrawal from interpersonal conflict and the search for connectivity that was identified in the previous chapter (6.7). Isolation was particularly painful for some, and even prompted a return to agency practice in a few cases. Other respondents thought that their psychological make-up suited them to working alone, or, more frequently, they had devised strategies to prevent isolation.

Solo practitioners had to be particularly careful to avoid paralleling the social isolation of their clients.

ROBYN: When you are on your own at the end of the day you haven't thought about anything else other than your work.

---

PAULA: ... I ... knew I didn't want to be a public servant for the rest of my life. I could see where that would leave me and I thought I didn't want that. But the price I have paid for that is isolation. I don't have that sort of colleague contact. I make sure I get to meetings and things like that, partly because most of the people I see, my clients are very cut off so I don't want to be like them, cut off from my peers.

Women with small children found it more difficult to overcome their isolation, because engaging in extra activities such as attending meetings posed special problems for them.

ANNETTE: It makes it hard, very hard at times. I actually got something in the mail yesterday and I thought: I'd really like to go! Okay, Saturday, child care, question mark number one. Money, question mark number two. Mm.

Although respondents chose group practices to prevent isolation, this did not entirely overcome the loss of a team, because the practitioners usually worked "alone together", without the

cohesion that is provided by institutionalised practice protocols and rules.

BELINDA: I suppose I can think about, as it happens, a recent issue ... that's reminded me of the vulnerability of a private practitioner working with either a client or a supervisee who gets into a major difficulty of some kind, and the loneliness of that situation. However well supported you are by supervisors and colleagues, there's a sense of being not held by an institution and having to pick your way through whatever the issues are without any kind of institutional structures to guide you along the way.

Furthermore, in a counselling or psychotherapy practice only face to face work with clients generated income. Their need to make their time spent working pay, discouraged practitioners from engaging in alternative and more socially oriented activities.

MARGARET: I think that the being alone is ... hard. Another thing I think that's really true of me is that I like group things and I like being part of groups. And I develop better and am braver and work better and all the rest, if I'm part of a group. And I'm not a loner. Some people work better like that and I don't. And so I think that I—and I've always had huge pressure on my time in terms of always being a mother and working—and so I think that I've probably been alone more than I would ever choose to have been, just for convenience and for circumstance and so forth. And that I didn't have time at work to chat, I didn't have time to have morning tea with people or, you know, even lunch. I didn't want to meet people for lunch, I just wanted to wander round town because it was a break ...

... And even being with Paula ... and Jane, you know, you are only paid money if there is someone sitting there in front of you and if I'm working. I'll only work three days a week and I need to be home at three [on] two of those days so that gives me very limited time. And I might have an hour for



lunch, but I need to go for a walk during that time. And Paula isn't always there or Jane, you know, it's ... yeah.

... I think that I should have put more energy into doing a ... variety of tasks and with more people. But well, I mean I didn't because you don't get money for doing that do you? And also I think that thing about me not working at my best if I'm by myself. I just think ... in the long term it becomes like a treadmill.

---

PETER: At [the department] you automatically had your morning and afternoon teas together, plus if there was anything on your mind you went down the passage and talked about it.

KATE: I don't know whether you have a tea room even?

PETER: No, ... but I like company. So I certainly wouldn't have chosen that. But I think the same thing applies to every other practice; I think they just come in and see patients.

Private practices functioned as independent units, not part of a larger superstructure, and unless practitioners actively sought to remain informed about changes in organisations, they soon lost touch. Roles, such as networking and brokerage, that were previously central to the social work identity, might become atrophied because they were not generally considered part of the counselling role, and because they were not paid.

PAM: Just not being able to keep up with what is out there, the changes, I can't keep up with what is happening in the Health sector. I don't have a sense of being part of a whole, I feel much more isolated now ...

For some respondents who practised with professionals from other disciplines, isolation from social workers could lead to a questioning of the social work identity.

TANIA: ... I search for a feeling of inclusion. The

psychologists all get journals, and they talk about organisational work in them, and they have conferences and they go to overseas conferences as well, and they are about the work they do. Whereas I've heard nothing at Social Work conferences that really connects with the work that I do. A bit in the infertility area, but otherwise none at all. And I still wonder, is it just stubbornness that makes me hang on to my social work title? I feel it will happen and if I let go now I'm too early, and I'm rushing into it and I should just wait. I have these ideas that I'm going to write for the social work journal and things, and I never get round to it. My energy levels right now are about zilch so whether I ever do .....

Another respondent, from outside Christchurch, later wrote:

SARAH: The issue of isolation as a social worker in private practice in this country was highlighted as I spoke of my professional identity and not knowing social workers in private practice in this metropolitan area.

In Chapter Two I discussed research and theories of transition that stressed the value of collegial support in the early stages of a major career change. Such support may help prevent the need for defensive coping mechanisms, extensive identity changes in contrast to role development, or even withdrawal from the new position (Nicholson, 1990; Nicholson & West, 1989), (2.4.3). I will discuss the implications of such support for the social work identity in greater detail in Chapter Ten.

### **7.3 *Generating an Income: Creating a Niche in the Market Place***

Researchers in the USA have found that social workers making the transition to private practice commonly worry about economic risks; they fear they will not receive enough referrals to generate an adequate income (Barker, 1992; Levin & Leginski, 1990; Matorin, Rosenberg, Levitt & Rosenblum, 1987). Strom (1994) also found that the undependable income, lack of job security, and lack of benefits such as holiday pay and sick leave were significant disincentives for private practice. Some of Strom's respondents had returned to agency practice due to financial difficulties, and concerns about a shrinking market for their services.

In New Zealand, Manthei et al. (1994) found that 37% of counsellors in private practice commented on their fears about not generating enough clients or not making enough money to support their business and their families' needs.

To generate an income, private practitioners have to establish a referral base. This was generally one of the first concerns that arose for the new practitioner in my study. For some, particularly those who entered private practice in the 1980s, there was "plenty of work" and appointment books soon filled. This changed dramatically during the 1990s, and respondents who entered the fee-for-service market in recent years often had to be more active in pursuit of clients. Usually this took the form of advertising.

Staking a claim in an area of jurisdiction previously held by other professions such as psychologists and psychotherapists raised the spectre of interprofessional competition. Although respondents expressed a distaste for competition, their comments highlighted their awareness of the need to create a marketable profile. Their concerns that other professions had more status, and that there was an oversupply of counsellors also became apparent.

A loosening of identification as a social worker, reflected in title choice and sometimes in assimilation into other professional groupings, was in part a consequence of the need to create a marketable public profile.

Referrals alone were not enough to ascertain an income. Charging fees to clients posed a challenge to all practitioners at some time. Many struggled with their conscience and their social

work values over this issue. Most were able to forge a compromise that allowed them to continue to see at least some low income clients. This compromise often involved contracting for work with third party payers.

I will elaborate the above income related issues in sections 7.3.1 to 7.3.7 below.

### 7.3.1 Issues About Referrals

Respondents who started their private practice during the 1980s (invariably as counsellors or psychotherapists) often found themselves inundated with referrals and as a result any concerns they had had about the viability of their practice soon receded. There were fewer private practitioners at this time, and knowing people in the field as friends, or having private practitioners as colleagues almost guaranteed a clientele.

As discussed in Chapter Four, third party payments for relationship counselling had become available in the early 1980s through the Family Court. The Justice Department employed counsellor co-ordinator was herself a social worker, and was influential in establishing a positive image for social workers in Christchurch during this time.

MARGARET: On my card it says social worker, yeah, and you see ... Ann Caseley did a huge amount for social work in Christchurch, and to be a social worker in the Family Court—I don't know if it is still because I don't go to anything now—but particularly early on ... that was the thing to be. The jokes weren't about the psychologists and the lawyers, they were about the social workers and the lawyers. And the status and identity of social workers was very strong in that time. And I think that it's really unusual and was good really for all of us at the beginning.

While ACC funded counselling for sexual abuse had technically been available from the incipience of the scheme, it was not until the mid 1980s that this proviso became widely known. This, and the heightened public awareness of the effects of sexual abuse, led to a sudden burgeoning of demand for counselling. Many practitioners had long waiting lists, and

established professions such as psychotherapists and psychologists were unable to keep apace with the demand.

STEPHEN: Mm, I'd have to think back as to what proportion of my work at the time was Family Court and ACC. It played a role, it certainly helped. I think there was a time when Family Court and ACC together would've probably paid forty, fifty percent of my income. Now it wouldn't even be twenty percent. So it was a consideration. I think if, without ACC and Family Court at the time ... I might not have had such a full booking right from the beginning. It might have been a bit more scraping and searching, and promoting myself and all that.

Those who entered private practice during the 1990s faced a more competitive market and generally found it took longer to build up their caseloads. Reasons for this change included an increasing exodus of helping professionals from restructured welfare agencies onto the therapeutic market. There was also a proliferation of counselling courses, graduates of which entered the same market. Third party payers changed their criteria for counsellor approval and tightened their criteria for funding of counselling, and it seems likely these changes were in part driven by efforts to rationalise resources.

Consequently the initial setting up period became more anxiety provoking.

JANE: Oh well (laughing), I guess the thing for me, the most anxiety provoking thing for me was—... and I took the full leap, I didn't do it [gradually]—that I got to the stage, ... about 5 or 6 weeks in, and I thought: Oh my God what have I done! And I found myself waking up in the middle of the night and couldn't get back to sleep. And getting really anxious financially about whether it would sort of take off. So I think you have to be prepared for that.

Even if generating a good income was not imperative, the prospect of failing in private practice due to a lack of referrals was potentially shaming.

PETER: There was the fear of failure, even though it wasn't absolutely [necessary] that I succeed. It becomes a challenge and fear that people aren't going to come to you when they had to pay, where before they were getting [my services for free].

For many, especially practitioners with an established profile and those who entered group practices, the fear over referrals abated over time. Nevertheless there had been a shadow cast during the 1990s, that meant doubts and insecurities were now never far away.

BELINDA: ... it very quickly became apparent that I was going to be all right. That was a relief. Although I'd have to say that its still the case that if I find my numbers are down or seem to be about to go down I can get back into: Oh dear this isn't working, I'm not going to be able to continue to make a living in this.

KATE: It never feels a hundred per cent secure, there's always that sense of .....?

BELINDA: Mm, yes, wondering a bit about things like the possibility of a sort of halo factor that has to do with being new on the scene, whether that has an effect. I don't have any evidence that it does, but when I'm wanting to worry myself I can always find reasons for why I won't continue to be all right. And being aware of the vulnerability of things like ACC funding and things that are outside my control or my competence but could happen and could have an effect on the work that's available.

---

STEPHEN: I've just noticed in the last couple of years, that there is not such a steady stream of clients knocking on the door. I used to refer people on all the time, and now that's far more occasional. So there has been quite a drop in client numbers if you compared it with say four or five years ago.

Despite a recent fall in referrals, many respondents maintained a sense of optimism. To do so they searched for explanations that suggested that the fall in demand would be only temporary. They believed that they had control over the viability and outcome of their business venture, and that what they did and how well they did it made a difference. This is characteristic of people with an internal locus of control (Rotter, 1966 in Colwill, 1993).

PAULA: My fantasy is if you are good you will be busy and then it won't matter. That's my philosophy if you like, I just keep at it, just keep going.

---

GEOFFREY: There was a slump that I felt. I felt a slump here for two years, which I don't feel at the moment. So I don't know if that is general. Is that general?

KATE: I think so.

GEOFFREY: It's picking up again, and I think that was a slump, maybe a bit of a glut on the market. There were a lot of people coming onto it who were counselling. And maybe some of them have fallen down the cracks again. But also the false memory syndrome, thinking about the Crèche<sup>69</sup> was high here then, the false memory syndrome. Counsellors got a much worse name I think, with all that false memory stuff coming through. They had pretty bad publicity, it is bad publicity. They are on TV, if there is a shrink of any sort they're sleeping with their clients or ripping them off or whatever. And so there is a huge backlash to it ... But I've never seen it as competition from other people. I've never seen it even with that glut on the market. I mean those people all need supervision, they all need personal therapy, they all, they

---

<sup>69</sup> In 1993, four Christchurch Civic Crèche workers were arrested for sexual abuse of children. One was convicted and imprisoned on sexual abuse charges. The case was much publicised, and divided members of the Christchurch community, with some convinced of the innocence of, and strongly supportive of the accused, whilst others supported the alleged victims and their families.

are all mortgaging their houses to get more training. And I mean I should have some of that spin off, you know, (laugh). It works all right, but ... I feel reasonably well established in Christchurch, done it for a long time. It would be harder to break into now. I think it would be.

The same downturn in referrals had not occurred for organisational consultants, who were working in a relatively new field where supply of practitioners had not yet overtaken the demand.

### 7.3.2 Creating and Maintaining a Marketable Profile

When referral rates dropped during the 1990s, probably due to the increase in the number of counsellors in private practice, respondents became more aware of the need to actively promote their services. Self promotion often did not come easily, as they had vested their social work identities in advocating for clients rather than for themselves, and in co-operative team work rather than competition.

SAM: ... I got these cards made up and I used them and gave them out to people. And after about a month I was saying: "This is-". I burned them all.

---

BILL: Social workers never do promote themselves. And they're a very comfortable loving supportive kind of mushy group, on the one hand, and none of that is of any use!

Some respondents did not need to compete for a niche, because they wanted to limit the size of their practices, or because they offered a service few others provided. Examples of the latter are child therapists and organisational consultants.

RACHEL: I guess it is a matter of whereabouts in the market you choose to put yourself. And so for me that issue is not very relevant because I have put myself in a place in the



market that is very under resourced.

Most respondents, however, felt the need to create and maintain a marketable profile.

Respondents considered both the physical presentations of the practice setting and the presentation of themselves to be important in image making. This might require changes in the practitioner's self-concept, because the type of accommodation, style of decor, and the clothing that were considered appropriate for a counsellor or an organisational consultant, might be more luxurious and formal than those of a salaried social worker.

TANIA: ... the next thing I did when I finished ... was to go and buy some clothes. Because I was really aware that the level of dress that I had, which was pretty much shorts and a T-shirt at the hospital, was going to have to change. ... And another thing I struggled with at first was the cost of having to clothe myself but also having to be so well groomed, and I sort of wondered about the need. I've given up wondering now, I do need to be. And now I can, if I know what I'm doing that day, I'll vary my dress according to what I'm doing. And I'm sort of much more clear about when I need to be dressed in a suit and when I wear a little bit more casual, and when I can actually be casual. That was like I needed to fight against it almost at first, I didn't want to buy in to the ... but it just makes life that much easier when you do it, I buy into it really. Yes, I can't go along to a corporate dressed in clothes like this and expect to get work. Over time I can, once they get to know me really well then it's possible to vary a bit.

---

PETER: I dress better (laugh)! I didn't care much how I dressed ... it didn't matter very much. I certainly didn't think long and hard about what I was gonna wear, and my wife now makes sure I [dress right].

There was a prevailing sense that in private practice the professional and private selves must be

segregated, if an appropriate professional image is to be presented.

Lianne had been reduced to tears in an evening meeting with a business associate, when she felt tired from breast feeding, and hungry, and he criticised her work. The next day she squeezed her post-pregnancy body into the one business suit that would still fit, and took her briefcase, to redress the balance in the relationship.

LIANNE: I vowed I would never, I wouldn't go and do something at half past seven at night, before I'd eaten dinner ... And I would be very clear about keeping things separate ... So it was a very unfortunate incident, but it actually taught me a lot, it was really, really helpful. And thank goodness it happened really early on in my experience.

Beyond these issues of physical self presentation, most practitioners engaged in some form of advertising to make their availability known to potential referrers and customers.

VANESSA: How to advertise, how to get the work, networking, how to not sit back and wait for clients to come to me but how to actually make.. "Move over everyone I've arrived", how to make my space in there, how to make a niche for me, yeah.

The most common methods of advertising were placing an entry in the Telecom Yellow Pages, and sending introductory letters and pamphlets to medical practitioners and other helping professionals. Those who offered group education or seminars found that these activities also raised their profile, as people who attended the seminars might become clients or referral agents. Newspaper advertising was less common.

A few respondents enjoyed the marketing aspect of their business venture and the opportunity to develop new skills, or creatively employ existing abilities, by designing letterheads, or presenting themselves to potential referrers. More frequently, they considered advertising a necessity.

This necessity was in part fuelled by the fear that it would be disadvantageous not to advertise

when others did so. This, despite the belief held by many respondents that "word of mouth" recommendations from satisfied customers were still the best publicity. Year by year, perusals of the Telecom Yellow Pages reveal the consequences of practitioners' fears, as advertisements increase in size and number. Professional associations also more actively promote their roles in response to members' requests. In 1997, NZAC published a list of its members in the Telecom Yellow Pages. The Canterbury Branch of NZAP followed suit in 1998. The concern to keep pace increases promotional costs, without necessarily improving relative visibility.

### 7.3.3 Perceptions of Competition in Private Practice

Respondents did not think of their marketing efforts as a form of competition. If they perceived competition in the private practice arena, they ascribed this behaviour to others rather than to themselves.

STEPHEN: I like to work hard and work well, but not because I'm after the competition. I work well and work hard because I like doing that, and I get a lot out of it, but not in order to compete. I'm not going to check competitors' fees and make sure that I'm \$5.00 lower.

KATE: You perceive that happening?

STEPHEN: Perhaps here or there. I noticed one therapist offering a first session free of charge, or advertising his very low rate, all the ways of attracting clients. And I think: Well that's fine, whatever, everyone has got to do what they want to do.

There was also some frustration expressed about other practitioners whose private practice activities were an adjunct to their salaried employment. It was thought these people could afford to charge lower fees, and undercut those who depended on private practice for their livelihoods.

Commonly, respondents thought outright competitiveness was not a good strategy, and would not generate business, whereas co-operation created reciprocal goodwill. This popular view

amongst the respondents corresponds with Axelrod's (1984) ideas about the benefits of co-operation versus competition, borne out by research that shows co-operative practices accrue more mutual gains, especially in long term interactions.

SUE: It is an interesting thing, I have never actually really thought about competition, ever. It never, it has never been a thing to go out and compete. In fact I don't even know half the time what other people charge. Someone told me the other day what she was charging and I was quite amazed. I didn't know, I never thought to ask. But I know that another centre was set up ... I heard them say ... "We are being totally undercut ..." ... And we didn't set out to undercut anybody, we worked out our budget which has worked amazingly, quite extraordinarily according to our accountant, and that is what we set out to do. And then that group fell to pieces. Competition is really strange I guess when I think about it. I guess I get enough clients to survive.

However, it appeared that the circle of co-operative private practice associates might shrink under a diminishing demand for services. Although no-one admitted contributing to the increasingly competitive atmosphere, many remarked on a growing climate of mistrust, and an increasing guardedness.

CHRISTINE: I found quite a lot of nastiness, rumour mongering about different therapists, gossip. ... I haven't heard anything positive said about any therapist. If anyone is mentioned it is usually in a derogatory way. And I found a lot of people are very guarded, a lot of therapists are very guarded in who they talk to and what they say. ... and ... the other colleagues I've talked to about how I feel say they feel totally the same thing, and they wouldn't talk to many people about how they actually felt. Which I feel is very sad really when you can't get support from your colleagues.

---

HEATHER: I tend not to talk about how much [Family Court work]

I get. I don't really talk about it a lot. I have one close friend who also does it or has been doing it, and we bounce off each other about that, but that is about it. I don't talk to other people about it, because I am aware, we've been told in theory how much we can each expect to end up with, the number of referrals they have and the number of counsellors, and I know that I'm way outside that. So if I'm getting all these referrals some of those people must be only getting a little bit somehow.

Respondents were aware that incumbent professionals might consider their forays into non-traditional social work practice competitive, and that these incumbents might have an advantage in workplace, legal, and public domains.

JUSTIN: ... if I wanted to just do clinical work ... I think I'd have to think, plan really carefully about that, ... because it is competitive and I don't think that I would ... be perceived to compete very well alongside traditional, other people who have different qualifications.

Concerns about the adequacy of the work of other practitioners may have been in part fuelled by the proliferation of counsellors in the Christchurch area, and consequent fears about losing referrals. A quarter of the respondents expressed such concerns, and they usually related to counsellors who had neither a social work nor a psychology qualification.

BOB: ... what worries me is ... so called counselling being such a growth industry, and just who is doing it right and who is not doing it right. And it worries me because I've come across people who have been really critically damaged by inappropriate input, and it's alive, and it's happening, and it is a real concern.

### 7.3.4 The Public Image and Status of Social Workers in Private Practice

Many respondents thought that some other private practitioners, potential referrers, and the

general public had a stereotyped and frequently negative image of social workers, and this image might affect their private practice. Referrers might think that social workers' expertise was applicable to only a narrow range of presenting problems, and that social workers possessed a severely limited range of skills.

BARBARA: I think the way it affects referrals from doctors for example, is that they refer people wanting you to do a "fix it" because that is what they think social workers do. And I think it is a bit the same with teachers actually. Referrals that I get from schools, it is a bit the same: "Make Johnny into a nice child to be around in the classroom."

Two respondents had experienced difficulties in their attempts to gain membership of NZAC and NZAP, and thought these difficulties were due to the judgements other professionals made about their social work background.

HEATHER: I really had to challenge them to get full membership. I mean, I had to supply them with lots of information, whereas I know there's people with no sort of maybe even a degree behind them that [get in easily] ... And that was okay, I think its quite appropriate, because I thought it was quite educative and it depends which social work course you go through maybe, I don't know. But I think, sure you have to build more skills on when you've done social work, but I think its a wonderful base.

One respondent suggested that when social workers did well in private practice, there was a certain resentment from colleagues with other professional backgrounds.

RACHEL: ... I think that is probably slightly, I'd say resentful of people who are successful with a social work background. So I think there is some stigma attached to social workers, ... in terms of ex-social workers or private practice social workers who do well. I think there is some real ambivalence. There may be some status given, but it is also a sense of, Well social work doesn't count anyway! So a

negativity about social work.

Respondents noted that legal and paralegal rules served to institutionalise discrimination against social workers. The ACC Act, for example, allows this corporation to pay lower fees to counsellors and psychotherapists who do not hold registration as psychologists or psychiatrists. Insurance companies will only consider claims for services by registered psychologists and psychiatrists.

ANDREA: Recently I got to hear that people who are doing reports, say for ACC, ... who are psychiatrists or psychologists, can get so much more for their report than people who are social work trained or counsellors or whatever ... And police, I'm just thinking about it, I do victim impact reports for the police and I've never had any difficulty. We have a fee that's set and it's always paid. And so there are some organisations that wouldn't think about that, but I think that ACC does. ... I feel a bit annoyed about that quite frankly. I think my report would be just as good as anyone else's, and why it should be given less status in terms of financial remuneration is beyond me. I can't work that one out.

---

BELINDA: I assume that there would be some groups who allow themselves the position of some superiority, and I suppose I'm thinking of people like clinical psychologists. And [I'm] aware of ways in which that superiority is reinforced by agencies like, well by situations like health insurances that pay out for clinical psychologists' therapeutic interventions but not social workers'. I think its a very dubious assumption to be made but it's present.

---

TANIA: We are not the same, we are not as good as. I've had a debate with Southern Cross. I wrote a letter and said: "I do exactly the same work and have a qualification that is just as

valid as the psychological qualification and I have three years study in psychology as well. What do you say, why can't I?" And they said: "You have to be registered." That's the other thing I've been really involved in, fighting for registration for social work, because I believe it is the only way we can have some status and be recompensed fairly. But it's still a long way off I think.

KATE: What, if any impact do those views have on you in your private practice?

TANIA: Well, clinically they did. It meant that people, if they were relying on their insurance for the six sessions, that they wouldn't come and see me.

Respondents believed the poor status and image of social workers had developed over years of working in hierarchical structures with more dominant professions. They thought the media perpetuated the poor public image of New Zealand social workers.

CHRISTINE: I think the public at large have quite a negative view of the New Zealand social workers; that they are not doing their job properly.

---

PETER: ... the image that is constantly portrayed, I mean if you watch television programs the social worker is the idiot who comes in and really doesn't know or understand the real world like a cop does. You know what the biggest insult to a policeman is don't you? "You are just acting like a social worker." That means you don't get promoted, until you start acting like a policeman.

---

JEREMY: ... I think that we suffer from bad press. I remember seeing the article in the Sunday News a couple of weeks ago ...: "Social Worker Kills Child". And then I thought that was in relation to a social worker [who] had made a decision



[following] which parents went and killed a child. But it was actually a person who described himself as a social worker, who had killed a child. And when you read a little bit about it ... there is no way the person could ever be described as a social worker! But so many people loosely doing our job ...

Several immigrant respondents said they thought that the public image of social workers in New Zealand was particularly negative compared with the image in their country of origin, where they undertook their training.

STEPHEN: I find that social workers in New Zealand, as compared to [my European country of origin] didn't have half the status or the reputation. In [my country of origin], if you were a social worker you were a respected professional, and social workers have a good self-esteem, they hold themselves in good esteem. In team meetings they have no problem projecting a profile of themselves, and taking a part, and having their own professional opinion. They don't need to fight for their position, or try to be heard, and they carry themselves with dignity. And if I contrast it with what I saw in New Zealand at the time, and I think it is still that way although it may be changing, I think at the time when I was a social worker in the hospital service, I think half of the social workers in New Zealand came out of the nursing profession, and more than half had no professional education, maybe one year. Whereas in [my country of origin] the minimum to be a fully qualified social worker is four years. That is the minimum, and then you're just seen as basically qualified. So, I think that might have contributed too ... in some form or shape. ... I've been at team meetings in the hospital service where it was clear you weren't being taken seriously as a social worker. You were seen as a bit of a softie, fuddy-duddy, a bit of a lefty, pinkie, liberal, woolly headed, tofu sniffing, ...

---

CHRISTINE: I know ... that social workers are held in much higher regard in the UK than here. ... if I put myself with my English hat on I see the social worker and psychologist as equal status, whereas in New Zealand I get the feeling that a psychologist is much higher in status than the social worker. ... Again I am in two places at the moment: It plays no part in my identity at all here in New Zealand, but if I think about being back in the UK I can take on the identity again.

Though many respondents said they attempted to dispel such negative images in their personal communications with referrers and the public, many admitted being cautious about identifying too closely or too quickly with the social work profession, lest these prejudices should affect their business negatively. I will examine this issue more closely in the next section of this chapter (7.3.5).

Members of NZASW (18) looked to the Association to assist them in improving the image of social workers in private practice. They thought that registration was an important goal, and that its achievement would raise the status of social work, and allow their service to be reimbursed by insurance companies. A small number thought NZASW should tighten its general entry criteria. More frequently they thought NZASW should improve its gate keeping to exclude novices from private practice, perhaps by setting specific private practice standards for educational qualifications and especially practice experience. Mostly, however, they approved of the competency process. They appreciated the efforts NZASW had made to ensure its members were eligible to become counsellors for ACC.

Levin and Leginski (1990) offer hope that credibility problems will lessen over time in any case, as their research in the USA suggests that this is an issue only when private practice by social workers is new. This will depend on the calibre and experience of the practitioners who make the transition.

JEREMY: One of the things that I'm excited about is that very few social workers who go into private practice are inexperienced. The majority of them are very well experienced, a large amount of history. One of the things that really worries me about some of the counsellors in

business is, you finish your course after two years, and you hang up your shingle and you start counselling. Now, there's no social worker that I know of that hasn't had a significant amount of experience within an organisation under supervision, consolidated their university training, focused it in particular ways by doing a lot of personal training. So yeah, I guess that's another reason why I'm quite comfortable about referring onto social workers in private practice, because they just have that breadth of experience.

### 7.3.5 Title Choices

The professional designation (title) played a significant part in defining the professional persona, and accompanied the other aspects of the public presentation and image making package that included clothes, offices, and professional discourse.

While respondents often said they had chosen their professional title because it best reflected their current occupational activity, they also understood that their titles might contribute to or detract from their marketability. As a result most avoided the title "social worker", even if they still considered that their work fell within the social work domain, because they believed that this appellation could have a negative impact on referral rates.

Those practitioners who continued to identify as social workers generally acknowledged this identity orally, after they had engaged the client, rather than a priori.

EVELYN: I would now I think more often describe myself as a counsellor and family therapist, because I found people's perception of a social worker and what a social worker did often mean that there was ... a whole misinformation I had to undo at the beginning. Yes, so that was interesting. I think that public perception of a social worker is very much in that kind of brokerage organising services role or as a policer of child-parent relationships. I always identify myself as a social worker and that I belong to the Association as part of

my kind of initial thing, that that's where my accountability is, so I still identify that very strongly.

KATE: Yes. It's not the first thing you put out there any more because of those experiences that you've had?

EVELYN: No, no.

Many respondents indicated they used several titles, sometimes all at once, but more usually selecting titles to suit the context or the occasion. Titles included child therapist, family therapist, organisational consultant, and human relations consultant. Altogether, respondents had used 18 titles at some time, and 16 were in current use. There was clearly no standard identification!

The most frequently used titles were some form of counsellor (19 respondents), followed by therapist (10), and consultant (7). Social worker and psychotherapist were each used 4 times, mediator 3 times, and psychologist twice. Not all respondents answered this question clearly or consistently over the course of the interview. This probably reflected ambivalence or conflicting desires; to acknowledge social work yet protect financial interests. Perhaps the apparent inconsistency also indicated that respondents were reflecting on, and processing, complex self presentation issues in the context of the interview.

Not all respondents who used the title counsellor were members of NZAC nor were all those who used social worker members of NZASW. No-one was a member of the New Zealand Association of Child Psychotherapists. While not all members of NZAP used the designation psychotherapist, all those who used it were members. All those who used the designation psychologist were members of the Psychological Society or the College of Clinical Psychologists.

BARBARA: I started just calling myself a counsellor. But then, because I was focusing mainly on working with children, I wanted to put that in in some way. And I was very nervous of using the term psychotherapist because I hadn't done the psychotherapy training. So after the first year or so I settled on calling myself counsellor and child therapist, and

I felt that that kind of covered it really.

At least 11 respondents had changed their designation since they had entered private practice. They made these changes because they had changed the primary focus or style of intervention from family therapy to individual counselling, accrued more qualifications and become psychotherapists, or were attempting to re-position themselves in the market place. The most frequent changes were to counsellor (6) usually from therapist or family therapist; psychotherapist (3) most often from counsellor; and consultant (2) from both psychotherapist and counsellor.

In the business oriented 1990's practitioners more frequently used the term consultant. Consultants were mostly involved in working with corporations, business consortiums, and other large organisations, but the term was also selected to indicate seniority or supervisory status.

ANDREW: I knew that I didn't want to be calling myself a social worker because that has very definite connotations I think in the public perception, and not particularly positive ones. And I knew that what I would be doing would not be social work as such, what I wanted to be doing was counselling therapy work. And I played around with the notions, I think it was afterwards, after I'd got the cards printed and the letterheads, I played around with the notion of "Well, what about human relations consultant and these kinds of things?" Because it seemed like that consultancy is the area where the money is and the money factor was a very strong driving force in the early days—its still early days. I thought well, I'm fed up with being paid a pittance, earning a pittance, I want to earn some real money and [if] I have to earn some money it may as well be good money. More money than I've been earning. So I had to think: How do I market myself? ... do I target myself to the corporate market?

One respondent sounded an optimistic note. Bob thought that the public perception of counsellors was becoming more negative, and that social workers were gaining credibility. He was therefore more willing to use the social work designation today. Bob was alone in

expressing this opinion, although Barker has suggested that USA private practitioners are becoming increasingly comfortable to use the social work designation as the social work image has improved (Barker, 1992).

BOB: When I first started in private practice, to say that you were social work trained was a bit of a no-no. In actual fact, you didn't let on, because you would be thought of as a lesser person than somebody who said they were a psychologist. So you didn't actually say too much about that. Whereas today I'm more than comfortable saying, I'm saying I'm a social worker.

Respondents appeared to have chosen titles to indicate professionalism and claim "full" membership of the private practice habitus. When titles no longer indicate the practitioner's original professional discipline it becomes likely that the boundaries that exist between disciplines lose their definition and occupational groups become more interchangeable. Although practitioners may intend to retain the social work perspective despite title changes, different titles carry different behavioural expectations, and others respond to the chosen title(s) to reinforce expected behaviours. As a result, title choices may, perhaps even in the short term, impact on the practitioner's sense of identity. Thus pragmatic market-driven decisions may eventually affect original belief and value systems, as a consequence of the need to achieve internal consistency (Williams, 1979; Rockeach, 1979a), (2.5.1).

### 7.3.6 Charging Fees

Referrals alone were not a guarantee of income. If referrals were to generate earnings, practitioners needed to charge fees. While this is self evident in principle, in practice the charging of fees was far from straightforward for the respondents in this study.

Almost all respondents struggled with fee setting and charging during the establishment phase of their practice, and for many this was a major issue. Charging fees was particularly difficult for those who worked as counsellors or psychotherapist, face to face with individual clients, but some organisational consultants also experienced problems.

Difficulties with fee charging were primarily of an ideological nature and they arose for two main reasons. A few practitioners believed that counselling in private practice outside public or voluntary sector organisations was antithetical to social work. They thought that social workers should work for the welfare of the under-privileged, and social work interventions should treat the social system rather than the individual with the presenting problem.

One respondent who continued to believe this tried to assuage her guilt and circumvent her ideological and political objections by pretending to herself that her small home-based practice was not a proper business.

HEATHER: ... I still don't really see myself as really running a business (laughing). Probably part of it is because I work from home too .... I've ... been invited to join other people or to move out of here, but ... I guess part of me thinks it is not really a business if I [work from home and keep it small].

Many more practitioners held strong convictions about equity and accessibility, and were challenged by the need to charge fees while wanting to remain available to clients who had little money.

Eventually the majority of respondents made a pragmatic accommodation to the need to ensure an income by charging adequate fees.

Most respondents implemented sliding fee scales and charged fees to third party payers. Some occasionally worked for free. Continuing to see people for minimal fees when their subsidised sessions ran out was a common practice, as practitioners felt committed to their clients who might not yet be ready to finish counselling. Practitioners found it especially difficult to charge fees when they knew their clients were suffering hardship.

ROBYN: I always struggled with the thing about me being entitled to take money, and how I could ... And it took me a long time, actually till the last 2 years to actually be able to feel confident about asking if they wouldn't mind paying.

I mean, I can negotiate but if they wouldn't mind paying. ... So I kind of feel like I have got to a middle ground a bit ... I don't get that gut wrenching feeling every time I have to talk to somebody about money now. I always find it kind of easy with an organisation, that is not so much a problem. So that was an issue.

---

RACHEL: ... sometimes I don't charge people. ... every month I check and see who I am not charging, you know, shape, try and sharpen myself up. And have an Achilles' heel. I mean it is something I take to supervision regularly where there [are] people [I'm] not charging. ... I think the kind of ... key issue for me is women I'll see on a personal basis, who are ... paying me through the Disability Allowance, and they are living on nothing, and I feel embarrassed taking money off them. I am not devaluing what I do with them, I am just [embarrassed] when they are living on nothing and I have such a good income. So, and that is something that I ... still haven't reconciled ... properly. Which is why I am very comfortable with doing work for the Family Court, or the Disability Allowance in fact. It at least seems something reasonable.

---

JUSTIN: ... when I began we had a policy ... that my time wasn't worth any more than the time of people who came to me and therefore they paid me whatever their hourly rate was. People on the dole paid \$10.00 per hour, and I hoped that way that the lawyers and things, like the \$150.00 an hour would make up for all the people on \$20.00 and \$30.00 an hour. The lawyers never came and that's probably when I started to shift and look at the vendors ... to provide that balance ...

---

VANESSA: ... I do negotiate but often you negotiate what? And every time I negotiate my kids are going without. Now if



someone comes to see me and says: "I've got no money, I've got ... \$30.00" and I say: "Oh okay", and I think: Well shit! ... That means I'm working for you and my kids are missing out! So, mm, I think the point is that maybe they see you as having quite a lot of money or earning a lot, but in fact I'm often in the same position that they are. You know, my furniture, my car, my mortgage is the pits ...

Several respondents were able to sustain charging low or no fees to some clients by charging more to others. Generally respondents had fewer difficulties charging corporations and organisations than individuals.

TONY: I just negotiate with the person. That would come back to my sense of justice. I can think of some people I have seen for nothing for various reasons, and some just a very minute contribution. Then I'll sometimes charge other people more, and I feel okay about that in terms of a kind of a Robin Hood policy.

---

CHRIS: Well you see I'm basically a socialist you know, or I have been, and so I always worked on the idea that if anybody asked you for anything, then you gave it to them. I've had to learn, as we all have since 1984, that you end up at the bottom of the heap if you try to work by those rules now. So I, there's some people that pay a lot more money because they can afford to. Which helps me justify ... charging [less] to those [who can't afford it].

---

TANIA: ... I found it extremely difficult charging people clinically. And ... there was no receptionist to say: "Can you go and pay this", I had to ask for the money. I gave about the first 10 sessions away because I couldn't charge people, I couldn't do it. And I was told by a partner: "You cannot do this any longer, this is ridiculous! You are going

to have to start charging people!" Because I kept saying: "Well I'll just give them another week". And of course once you haven't charged somebody once its really difficult. It was a terrible thing to do, but I couldn't ask people for money ... And then I went through a real stage of, I'm either going to do this and of course people are going to have to pay, or I'm going to have to pull out. And that was really quite difficult. So ... that's when I felt the real clash and the real confusion about what is social work. Far harder clinically than organisationally ... and perhaps that's why I did it! Organisationally they can pay. They're corporates, they've just got so much money it's crazy. Yes, (laughter) that's fine I have no problem, I charge them exorbitant amounts sometimes, feel I work for it, and feel that they can afford it!

However, not all respondents were at ease with charging corporations high fees.

LIANNE: ... knowing what to charge, and knowing when to charge it. That's been, I've had some discussions about that. When I've been in meetings with all the nice "How's your father stuff" for three quarters of an hour and I'm sitting there thinking: I'm being paid a fortune to do this, this can't be right.

---

NATHAN: ... my fees are still very, very low. And people say to me: "You're stupid charging fees like that because people don't have confidence in people who charge low fees." But then I think, well you know, I have had a service ethic all of my life and not a capitalistic ethic or a profit making ethic. And I have a lot of trouble with fees, both finding out how much is the going rate and secondly actually charging fees. And I do a lot of work that I don't charge out, because I just can't come to grips with it and I'm lousy at keeping a record of the hours that I'm working.

There were also respondents who believed the charging of a fee was an integral part of psychotherapy and that this enhanced motivation. Psychotherapists appeared to have a theoretical framework that explained the place of the fee in the therapeutic relationship. Having such a framework appeared to facilitate ideological accommodation and behaviour change for the following respondent.

SARAH: ... I'm clear for myself—and I have reason to think this is no different for anyone else—if I'm working with a client who is very challenging and maybe very demanding at times, if I don't feel like I'm ... earning enough money, then I think there's a danger of taking it out on the client. And I'm very frank with my clients about that. ... I do feel like the fee is a piece of the treatment and that I would have a minimum fee. It might only be \$5.00, but there needs to be something because I think that's also a motivator. I mean it's an investment of people's emotional energy and I guess too, having worked in a setting where people's fees do [get] pay[ed for them], I think it influences treatment. People come in and say: "Well I'm entitled to this therefore I want it", but they don't have much motivation to be clear about what their goals are and what they're doing. So I think that that's an issue that needs to be addressed as part of the treatment.

Nevertheless, charging often remained somewhat problematic, especially when face to face with a client's hardship. A few respondents never made a viable accommodation and might have to cease their fee-for-service counselling practice.

CHRISTINE: I have a major problem in charging people, a major, major problem, a major, major problem! My supervisor has told me off many times for actually giving free counselling, because I'm not very well off and I haven't been very well off for a very long time, because I was supporting my partner ... So I still have a major problem with charging. I have a sliding scale virtually down to zero, just covering my room

hire. ... I don't think I would ever make much money in private practice.

Whilst respondents generally attributed their lowering of fees to their concerns for low income clients, one respondent acknowledged she found it more difficult to hold fast to her fee scale when she herself was poor and short of clients.

VANESSA: ... it was easier in the beginning but its got harder. I've got more, I've negotiated more and more and I'm less willing to say: "No I'm sorry, this is the lowest that I'll work for and you'll have to find someone else", to more saying I'll take it on. And I think that's about that work's got harder to get. That there's actually more and more counsellors out there and the client load's drying up.

Two respondents pointed out that the lower fees that social workers charged could give them a referral advantage.

INGRID: I think that [medical practitioners] are also very conscious that people don't have enough money to spend, and if you can send someone to a counsellor who is just as skilled who charges less, then that is actually an advantage. So I think yeah there is some reality setting in.

During times of high demand, practitioners with a social work background may become marginalised if they see the poorest clients, or if they develop practices that are heavily reliant on third party payments. When demand lessens, other professionals may think their lower fees undermine professional pay rates.

Although many respondents said they valued the availability of third party payments as these allowed them to see clients who could otherwise not afford their services, a substantial number *also* looked forward to a time when they would no longer need to accept these clients, because they so disliked the restrictions the vendors had placed on them.

In the main, respondents attempted to find a balance between earning a satisfactory income and

accommodating at least a small number of low fee paying clients. Difficulties with charging and the need to overcome these difficulties were present for practitioners regardless of age, gender, or any other variable.

Whilst social justice concerns remained salient, it appears respondents individualised these concerns, and their methods of dealing with them were "piecemeal". For example, they would seek to make counselling more accessible by charging lower fees to some clients for whom they felt pity or whom they considered deserving. They also assisted clients to access third party payments. The respondents' approach to the socio-economic difficulties of their clients mirrored the benevolent stance of their ancestors, who gave donations of food and money, as narrated in Chapter Six. In Chapter Eleven I will discuss the effect that the move to private practice had on the political perspective of respondents.

### 7.3.7 Income

Because I knew many of the respondents, I felt concerned that they would find questions about their actual income levels intrusive, and I therefore decided not to ask such questions. Nevertheless, many respondents talked about their experience of private practice income, perhaps because they expected me to be interested in this subject. One respondent said she wished I had collected quantitative data on this subject, because she wanted to be able to compare social workers' private practice and agency incomes. Most respondents discussed income issues from an experiential perspective; they talked about the hopes they had held for private practice income, the financial difficulties and successes they had encountered, and how they dealt with these.

As discussed in section 7.3.1 above, during the 1980s there was little competition for referrals, and the comparative level of third party subsidies was high. Therefore, respondents who had entered private practice during those years usually felt satisfied with the incomes they had been able to achieve, although some had noticed a relative drop in income over recent years. They had, more commonly than practitioners of the 1990s, experienced tax related problems.

CHRIS: I wasn't good at putting money away for tax ... When you go into private practice there's no taxes ... the first

eighteen months ... and you don't take any advice on that. So I got myself nearly behind the eight ball and it took me five years to get out of the hole that I'd created for myself. And its one of the things that's been consistent; I've continually dug that hole and ... I'm forever crawling out of it. Sometimes faster than others. So that practical side has really been a downfall for me. I needed a good manager.

By the 1990s, new private practitioners had heard and been cautioned by the taxation horror stories of their predecessors. However, they, by contrast, took a longer time to build up their incomes. Several respondents spoke of setting income targets, and of celebrating when they earned as much as they did in their agency employment. Not all were able to achieve this.

KATE: Has it been as you expected, or has it been different?

PAULA: I suppose I had a fantasy that people got rich being in private practice (laughing).

KATE: It's been different.

PAULA: It's been different. Yes, it's different, it is hard work. I mean that whole marketing thing and making yourself known. And ... it's not so easy to have a couple of days sick leave or a holiday. I mean basically if you're not there you don't get paid, that is the equation. ... Just this week I've done the books and it's very clear on paper how much I'm making, how much I'm spending on training and supervision--and I see that as ongoing for me, to maintain myself is very important. So I've got no illusions about making money, in terms of, who needs money anyway, but yeah, I suppose if I thought it was about me getting rich, it certainly isn't. So it's been quite sobering and quite a levelling experience, but I still feel good for having done it. And I'm sure there are people that will make more money than me, and there will be ones that will fall off the edge, having not made any money, yeah.

Half of all respondents spoke of working much harder, too hard, or "twice as hard" in private practice to earn an income. They pointed out that while their hourly rate might seem good, expenses were also high and there was a loss of employment related benefits. Most practitioners nevertheless continued to prefer to work for themselves.

JANE: The overheads, the expenses. Yeah, I think you work very hard in private practice for the income that we earn, with all the other, the administration side of it, that goes with it. Absolutely.

---

SUE: Well I'm working harder than I've ever worked before for what doesn't seem like a just reward at times. I think for the amount I do I could get more money, and the reason for that is basically the overheads of this practice. But I would rather live with what I get than I would working in some of the situations that I've been in before ...

Many felt stressed by the uncertainty of their private practice income. Despite this, only 5 respondents (2 women and 3 men) said they had taken out income replacement insurance to protect their earnings if they became ill.<sup>70</sup> Many noticed seasonal fluctuations in their incomes, especially during the first months of a new year, and some thought that general economic conditions and business confidence affected their incomes.

During the months that interviewing took place, income related stress had worsened for several of the respondents who were waiting for two months for third party payments from the ACC.

CHRISTINE: ACC, I hate ACC! I said I would never work with them again! Just the frustration in terms of the red tape, and the confusion between changes, constantly, in ACC, and I'm

---

<sup>70</sup> This type of insurance cover appeared to be difficult to obtain for people who had a history of health problems, whether physical or psychological. People who had ever received treatment for depression, for example, were unable to insure themselves through at least one company. Insurance might be too expensive for those who already had low incomes and were trying to keep down costs.

sure you know what those are I don't need to elaborate.

KATE: You are talking about the changes in the requirements, the length of time it takes to be paid and those sorts of issues?

CHRISTINE: Yes, at one point it has been two months if not more. That wasn't very good.

It appears more women than men struggled to achieve an adequate income in their private practice. Female respondents, especially those who worked in solo practices and those with small children, fared least well financially. They usually worked part-time, in order to meet the demands of child care. As a result these respondents were probably less visible in the marketplace, with attendant problems in gaining referrals. Some were considering returning to agency employment because of financial difficulties. For them private practice was not an effective way of overcoming gender inequality in income. This is contrary to the conclusions some USA researchers draw from their studies (Jayaratne et al., 1991), but corresponds with Wallace's (1982) findings, that male social workers in private practice achieve larger and more profitable practices than women, and that part-time practice makes success more difficult to achieve.

Men generally expressed satisfaction with their incomes.

Three men did comment that they had found it difficult to relinquish the role of the main provider in the early days of their private practice, when they had to rely on their partner's income. This dependency challenged their professional and domestic identities, but they saw the challenge as a temporary problem that they would overcome, not by a redefinition of their roles, but by generating more work and income.

NATHAN: We didn't have much money and we were taking an enormous risk. And I'd been brought up on that old fashioned Kiwi male thing that the bloke's the breadwinner, and you get one job and you stay with it through your life, and you know, all that sort of stuff. And I'd always worked in the public service in a sense of social work ... its amazing what effect



that has on your life. You kind of get used to the salary coming in, you get used to sick leave and holidays and a routine ...

---

ANDREW: There has certainly been the drop in income. And the short term goals that I've set myself are along the lines of: Well I'll celebrate when my weekly income exceeds my partner's, and: The first week my income exceeds my partner's we'll have a celebration. Those kinds of milestones.

#### **7.4 Discussion and Conclusions**

The majority of practitioners interviewed for my study worked in a solo practice setting. Men appeared to favour and enjoy the solo setting, whereas women felt constrained to use it due to child care responsibilities, or for financial reasons. As Armstrong (1997) also noted, the professional "choices" of women are limited, not only by workplace factors that prevent the combining of child rearing with employment, but also by domestic factors such as gender role expectations in the home. These expectations mean women continue to be responsible for child care arrangements. Not one woman in my study worked in a group practice while her partner stayed at home to take care of children.

Respondents who worked from home strove to contain and obscure their domestic spheres, to present a professional image to prospective clients and referers. Whilst this was a concern for both genders, it was much more difficult to achieve separation of these spheres for women, who were responsible for the successful functioning of both. Men, by contrast, were frequently aided by their partners in the presentation and preservation of their professional image.

Pahl suggests that women may be advantaged in the current multiplex world by their greater ability to manage multiple roles and balance home, work, and family (Pahl, 1995). However, the women in my study who "juggled" multiple roles appeared to be the more disadvantaged; they experienced isolation and financial hardship.

Group practices were more expensive, but were favoured, especially by women, for the expressed purpose of preventing isolation. The choice of a group practice did not entirely overcome the problem of isolation, however, because most practitioners worked as counsellors or psychotherapists, alone with clients, and were not paid for networking with other professionals.

Other reasons for choosing the group practice setting included safeguarding the practitioner from physical assault, and from malpractice suits that might be less easily defended from an isolated position, as intimated by Peter in section 7.2.2.

Women in group practices appeared to fare better financially. This may be because they did not have small children and were able to devote more time to their work, or because they were generally older and better established before their transition to private practice. Groups were also more visible due to their size, and were able to pool resources for image making exercises such as advertising. Furthermore, co-operation through intra-practice referral sharing may have advantaged these practitioners.

Creating and maintaining a marketable profile became more important during the 1990's when there was less work available for private counsellors and psychotherapists. Although many respondents believed good work generated its own reward through referrals from satisfied clients, many were alert to the need to actively present an image. Examples were the care taken in choosing clothing, decor of rooms, and titles. Advertising also became more common.

Organisational consultants did not appear to suffer the same reduction in referral rates during the 1990s because theirs was still a new field of practice. However, they sought to present a professional image that matched that of the (usually male) business clients with whom they associated. As will become clearer in the next chapter, this appeared to place female consultants under pressure to conform to masculine workplace expectations.

Respondents were conscious of the poor public image of social workers, and therefore infrequently used this designation. Disavowal of the social work designation may have long term consequences on professional identity and associated values and beliefs. I will examine this idea more closely in Chapter Ten.

Respondents in all practices and of both genders struggled with the need to balance their income requirements with their concern that poorer clients should still be able to use their services. Third party payments from Family Courts and ACC helped them to be accessible to these clients. They frequently reduced fees, and sometimes worked for free.

Nevertheless, a number of practitioners indicated they sought to escape from the strictures of working for third parties. In effect this may have been an extension of their move away from agency employment, and have reflected their general desire to escape from organisational issues. These practitioners looked forward to a time when they would be sufficiently established that they could derive all of their income from private paying clients, and would no longer need to accept third party payments. In the next chapter, I also discuss respondents' dissatisfaction with loss of autonomy and value conflicts in working with third party payers. In Chapter Ten I will suggest that such conflicts may be an inherent aspect of social work, which concerns itself with systems and their boundaries. By searching for freedom from value conflicts practitioners may lose their association with the social work identity and with traditional social work ideology.

## **Chapter Eight**

### **The Work Done in Private Practice**

#### **8.1 *Introduction***

In this chapter I examine the effect that the transition to private practice had on the actual work the respondents did. I enquired of them about the kinds of clients they now worked with, and the methods they employed to assist these clients.

Respondents discussed whether and how their clientele had changed with respect to socio-economic characteristics, gender, age, and level of motivation. Most respondents now worked with individual adult clients, rather than larger family systems or social institutions, as reported in section 8.2.

Because most practitioners worked with individual clients, and because third party payers restricted the tasks they reimbursed, private practice methods tended to be intra-psychic in orientation (8.3).

The major issue that arose for respondents in the context of their private practice work was that of availability; when to be available, to whom, and under what circumstances. Decisions about availability affected not only the professional, but also the private lives of the respondents. I examine this issue in section 8.4.

#### **8.2 *The Clients of Private Practitioners***

Respondents who had moved to private practice because they wanted more control over the types of clients they worked with (5.4.1.4) found they were largely able to achieve this. Especially those practitioners who had wanted to have more face to face contact with clients (as opposed to administrative work), or work with more adults, less disturbed clients, and more motivated clients found they were able to do so in private practice.

BOB: ... I was doing something that I really liked doing, working with people, helping people. Unlike [in the public service] though, it has a more immediate impact, the Family Court work. You can actually see people, a person, moving quite rapidly. Occasionally you could see that happening [in the public service], but generally speaking the motivation wasn't there. So it had a great potency to it from a very early stage, that I was actually doing good. ... yeah and that's really great! If you can go home and think: Wow I've seen six families today, or six couples, or six individuals, and they've all moved from the last time I saw them, you know.

However, most practitioners who had planned to see families found they saw more individuals and adult women than they expected.

JANE: I do more work with individuals than I expected I would ... I do very little work with families. I certainly take a family therapy perspective still in a lot of my work, and I will see parts of families ... and see couples, but I do a lot of individual work too. So that's ... certainly been a change from what I started out as, or expected it would be. I like the balance between working as a therapist and supervising other therapists, that's been really good.

---

INGRID: I guess now that I think about it, I work mainly with women over a certain age so I'm not seeing as many teenagers as I did working in the system. And that is despite offering family work, or perhaps it is because I offer family work that they don't come, I don't know (laughter). ... and also I am seeing, on the whole, people who are less unwell than within the system, where there are often people who are quite critically distressed before they kind of get to the top of the waiting list.

If practitioners had decided they would work with clients who were eligible for third party funding, they often ended up seeing many ACC funded sexual abuse survivors.<sup>71</sup> This might leave the respondent feeling privileged, but also challenged by the stressful nature of this work. Many sought to limit their sexual abuse counselling because of this. Three female respondents said they experienced symptoms of secondary trauma as a consequence of their work with sexual abuse survivors.

CHRISTINE: I feel that dealing a lot with sexual abuse, actually it affected my relationship with my partner. Initially he found it hard to deal with the fact that I was coming home talking about children, saying that I had been working with children who had been sexually abused. I was also one of the therapists working with the children from the crèche, which had majorly affected myself and my partner, so I think the sexual abuse aspect.

---

MARGARET: I can't take the stress anymore. And it accentuated the loneliness too, oh the whole thing really of secondary trauma, yeah.

The Family Court had limited the available number of sessions to 6 per couple (apparently to cut costs), but counselling could be stressful despite the short term nature of the contract. Family Court Co-ordinators no longer interviewed prospective clients before their assignment to counsellors, and as a result respondents sometimes found themselves inadvertently working with violent or psychiatrically disturbed clients. In 2 cases Family Court work had had an impact on counsellors to the extent that they spoke of secondary trauma or symptoms of Posttraumatic Stress Disorder. When difficulties affected practitioners to this extent they scaled down their practice or avoided working with similar client populations for at least a time.

Most respondents stressed that the availability of third party payments meant that they continued

---

<sup>71</sup> In Chapter Four I discussed the background to ACC and Family Court funded counselling (4.3.4). Respondents' reasons for seeking approval under these vendorship schemes were discussed in Chapter Seven. Section 7.3.1 showed that seeking vendorship was part of establishing a referral base, and section 7.3.6 discusses how respondents attempted to ensure the accessibility of their services through these schemes.

to see poor clients. They considered their efforts to enable these clients to access their service to be evidence of their enduring social justice concerns. This supports Barker's (1991, 1992) contention that private practitioners are more accessible to the poor than generally acknowledged. Saxton (1988) also suggests that vendorship can open the door for clients who would otherwise be excluded.

Nevertheless, researchers in the USA continue to find that private practitioners treat mainly middle-class clients (Butler, 1992).

A small number of my respondents said they now saw more affluent clients. They did not always find this change easy to deal with, especially if their own habitus was working-class

BELINDA: ... I've certainly got more clients now who are in a more financially affluent situation than those I used to work with—but I've still got quite a lot of those as well. I mean it would be true to say that I've got a bigger spread now but it does include both ends of the financial spectrum. And I suppose to begin with I was a bit ... intimidated is probably too strong a word, but slightly sort of challenged by that change in the client group. I was more used to, more comfortable working with people whose economic circumstances were towards the lower end of the spectrum ... There's perhaps a different kind of performance anxiety that comes into play when a move like that happens, but that's actually diminished to almost non-existence now. And it's been good for me I think to be faced with a broader span because there is something in me that's akin to a kind of inverted snobbery, and it's been good for me to be confronted by the reality of the suffering of people who might actually be very rich and whose pain is unmistakably real and not self-indulgent. I mean it's often just quite stunningly rooted in agonising experience.

Several male and female respondents said that when they entered private practice they had held a strong conviction that counsellors should be of the same gender as their clients, but that they had now modified this belief. One male respondent commented that women seemed to have a

double standard, in that they disapproved of men working with female clients but they counselled men.

ANDREW: I'd said to myself I wouldn't work, my preference would be not to work with women who had been sexually abused but I'd work with men. And [yet] I am [working with women] in that area. And I'm finding it quite stimulating, interesting, challenging, and not too different. I mean the processes ..., the issues are the same.

---

LIZ: I enjoy some couple work but mostly women and some men. And I have always found, once again because of gender issues, I have felt a preference to referring men to men. But if I have seen men in a couple situation and they want to continue on and I feel that I can help them I will do. And I have had a few men referred to me who I have quite enjoyed working with. But in preference I think— But I think, actually probably I feel a bit more okay about working with men ... now actually.

KATE: More now, through being in private practice?

LIZ: Yes, I think as I have developed my skills, I can see that I have skills for men too. But particularly "men's issues", I will definitely refer them to my male colleagues as I think that is really important ... because a lot of your work comes from yourself. Like you don't share yourself, but it is your own knowledge. And of course with not being a male I feel I don't have that, and will never have that piece, even though I can have all the theoretical [ideas].

Regarding the ethnicity of clients, Manthei et al. (1994) noted that half of their respondents saw some Maori clients, who comprised between 2% and 30% of their caseloads, and 22% saw Polynesian, Asian, or Indian clients. Some counsellors thought Maori were underrepresented amongst their clientele because they were unable to pay their fees, as they are often poorer than



Pakeha. Manthei et al. think this suggests that finances may be as much a barrier to Maori seeking counselling as cultural differences are.

My respondents, by contrast, were most concerned about the cultural issues that might arise in the counselling of Maori clients. There was a general expectation that Pakeha practitioners, including European immigrants, would not work with the indigenous Maori people, without extensive experience and connections with cultural advisors.

The professional associations and third party payers appear to sanction this expectation, although they do not overtly state this. The NZASW standards for practice only stress the need for understanding and recognition of the cultural perspective and status of the indigenous Maori people of New Zealand. Words such as partnership and biculturalism, that are also contained in the standards, do not fully explain the ideological prohibition perceived by counsellors and therapists.

JEREMY: For me it's very clearly social work values. ... I haven't looked at other codes of practice or ethical standards, but I just know that the ethical standards of the Association for me are truths, it's not an issue. For example, the issue of working from a partnership perspective. I'm very clear that I will not work with Maori people, unless they give me permission to consult [about] the issues around it. And the same would be for an Asian person, the same would be for someone from Bangladesh.

In 1993 all ACC approved sexual abuse counsellors had to reapply for approval because changes in the ACC Act set more specific criteria for vendorship. As part of this process, a cultural committee assessed responses to an extensive cultural questionnaire. The committee never informed those applying for re-approval of its criteria, but the consensus opinion amongst applicants was that it would be unwise for Pakeha counsellors to admit they might work with Maori claimants. However, once counsellors obtained approval, they found that the views of ACC staff did not necessarily mirror those of the cultural committee. It is impracticable to maintain a rigid stance on ethnic matching, both because of a scarcity of approved Maori counsellors, and because not all Maori claimants want to work with a counsellor from within

their cultural context, for reasons of privacy.

Practitioners may hesitate to express disagreement on culturally sensitive issues, because they fear that colleagues and referrers will frown on dissent from what is considered to be culturally appropriate.

Some respondents who had a long standing commitment to bicultural issues continued to explore these. They made efforts to achieve partnership with Maori and had established accountability processes to local Maori to assist them in their work.

SARAH: One of the areas I'm really trying to learn a lot about is Maori culture, and I've spent a week on a Marae, I've taken courses, I'm in the middle of a course on the Treaty of Waitangi. Just trying to get a feel for that. And yet realising that what everybody's saying: "Nobody who is Maori is gonna come to you anyway." But I do feel a responsibility to understand what the bicultural issues are here in New Zealand. And also realising that this culture is not monocultural, there's people from all over the world here, it is an immigrant island, and so I'm gonna need to be very sensitive to that. But I also think that [an] aspect of psychotherapy is that each person's culture is unique anyway. If I understand the context I'm gonna be better able to help them. So I think it's, for me it's gonna be a real challenge.

---

SUE: ... we've had a strong commitment to provide as sensitive an environment as we can for Maori to come here ... there's been consultation all the way along with the Runanga .... and we now have supervision from a Maori Kaumatua, there has been a lot of partnership with what we've done. ... it's been like it's an integral part of this place. I wish there was a little more of it ... we are all I guess increasing our knowledge of things Maori and open. I learned Maori last year. I haven't got enough time this year unfortunately because it didn't fit with my hours, but I will go back and do some more

in it. Its like its an ongoing journey for all of us, so that's quite exciting.

The clientele of organisational consultants was a largely masculine one. When female organisational consultants spoke about what it was like to work with male corporate clients, they expressed a sense of being outsiders in a male world. They attempted to overcome this by various means, including corporate dressing in business suits and going for "drinks with the boys".

TANIA: Mm, just thinking about other issues that have come up more recently. I think the issue for me, the big issue in the last year hasn't been about being a social worker at all, more about being a woman, being a woman in organisations. And a couple of the organisations I'm doing a lot of work in at the moment are very traditional corporates. And the other two that do work with the organisational are both men, both are older than me, both psychologists, ... and they have, they have everything. They have the maleness, the psychology, the higher education. And they are respected simply because of that, and the way they look, and their black suits or blue suits. And I seem to have to fight so much harder. And especially now, ... in the last year we have been working more and more with director level. So I'm dealing with men in their fifties who see me still as a very young woman I'm sure, although I'm ... heading towards middle age rather than young anymore. But yes, that's been the hardest thing.

... I said to mother once, the first time I went to sit down at this director's table, the table was high and the chairs were low and I actually felt like this little girl sitting there and I'd be sort of trying to (laugh) sit myself up. And they were all older men, and they leaned on the table and they looked totally relaxed in the setting. I was asked to be seated because I was giving a presentation right at the head of the table and I just felt really out of place totally ...

And I no longer feel intimidated, definitely I don't feel intimidated, but I just feel we're still not in the place where that setting is comfortable for us because there are no women there, and it's going to be another, I don't know when we'll have, hopefully in the next 5 years, before we can go into that setting and feel [comfortable]. Because women do, they greet you differently, the, the, the whole way they set up a meeting like that is just so different. And the more I work the more I realise that. So that's been my big issue. And being a social worker on top of it just makes it even harder I think.

By contrast to organisational consultants in private practice, agency social workers do not normally work with private industry. Instead they may liaise with and support non-profit community groups including self-help and consumer advocacy groups. Sometimes social workers are able to provide such support whilst employed by the agency, other times they offer this outside of work hours. Kurzman (1976) suggests social workers in private practice are less likely to offer their services to community groups free of charge, and are less likely to engage in voluntary activities. By contrast, Baker (1984, 1992) suggests that private practitioners strengthen their public profile through offering such services.

Several of the respondents to my research engaged in voluntary work with community groups, generally in an advisory capacity. Other counsellors and organisational consultants, however, noted with regret that they could no longer readily accept invitations to help such groups, as they now needed to charge a fee for their work.

ANNETTE: I have to make a living and I was asked to provide free supervision to a community group I really wanted to support, and I had to say: "No, sorry I can't." Mm, that's right, and ... I was invited to be part of one of the Trusts as well and he was very little then and I thought: I pay for child care, I pay for my trip into town, and I can't do that.

### **8.3 Effect on Work Methods, Tasks and Activities**

Most respondents found that the move to private practice had positively affected their ability to employ the counselling, psychotherapeutic, or organisational practice methods of their choice. As already discussed above, only those who had hoped to use family therapy methods found this had not been possible.

The range of interventions included counselling and therapeutic methods such as narrative therapy, "strategic" interventions, Transactional Analysis, gestalt, and psychodynamic psychotherapies. Respondents employed brief task centred counselling methods, cognitive behavioural and rational emotive methods, as well as mediation and education.

Some respondents facilitated groups and conducted seminars or teaching sessions.

Organisational consultants assisted in the development and evaluation of training programs, gave advice to industrial managers, and facilitated the involvement of staff in decision making about workplace restructuring.

The following respondents, one a psychotherapist and the other an organisational consultant, relished the freedom to choose and employ effective interventions and methods in their practice, and they enjoyed an improved confidence as a result.

ANDREA: Well I think as I've become more confident in my work, my own style has developed and I'm quite confident in the way I work, and I think I am able to integrate a whole range of different ideas and things whereas once I was ... perhaps more focused on a particular area. I've certainly, as I say, more confidence has enabled me to perhaps experiment with different things too.

---

TANIA: ... I'm so much more aware of strategy now, but then I'm working in quite a different sort of place. I suppose I was aware of it in the hospital, but I think I had it all here

(points to head). I knew what could be achieved and how I might, but it never worked because the hospital sort of had its own moti- it didn't actually make sense. It wasn't a ... rational kind of place to work, that health setting.

Some respondents found they became more interested in psychotherapeutic methods, notably through their ACC funded work with people abused as children, as early derailment of emotional development appeared to require such methods. Several, mostly female, respondents said they now undertook more long term and "in depth" work. The option to work long term with clients had often not been available in agency practice, or it had come under increasing threat due to financial constraints. Respondents felt pleased they could now choose whether to work long or short term based on their assessment of clients' needs.

At least 6 respondents who had previously used mostly short term methods had become involved in longer term work. They felt they had developed professionally through doing so, but sometimes this came at a cost. The following respondent attributed this cost, at least in part, to her lack of awareness about the importance of having a rigid therapeutic framework when working with severely damaged clients. A belief in the need for a clear therapeutic framework is part of the theoretical base of psychotherapists and of many counsellors, but may not be inculcated during basic social work training. This difference may explain why some respondents seemed more prone to burnout and secondary trauma as a result of undertaking long term work.

MARGARET: ... another thing I've learnt I think is that if you're going to work long term for a lot of numbers of years with people you have to have really firm boundaries. Because these people that I'm seeing, I can't have any more of them. I feel too responsible, I'm too close, their pain is my pain, I cannot deal with more, I don't want any more, you know. I'm waiting for these guys to grow up, go away, kind of thing. And ... I don't think that my boundaries are dangerous or they aren't strong enough, but I think they have to be like my [supervisor's] and people's. ... people who have really strict boundaries that you think: God why are these people so firm about it? But in fact I think that you almost have to in order to survive ... It's felt very privileged ... to work

with them and ... I don't think I would have got there—well I wouldn't have because you don't work with people for four or five years in any kind of social work setting—... and although I ... wouldn't repeat it, I wouldn't have missed it.

Other respondents continued to prefer "short term punchy stuff" and seeing clients achieve rapid changes over a short time. Short term work included relationship counselling and mediation. One respondent regarded long term work as altogether inappropriate.

SAM: I think there's a lot of mumbo jumbo around counselling and for example, I hate, I hate the concept of psychotherapy! I think that there's too much navel gazing involved in the whole scene. I don't like to be, I would hate to be classed as a psychotherapist because I think that that's all about insight. It's all about dragging sessions on one after the other from months into years and it's totally contrary to what I believe in. ... I won't see them for very many sessions because I, if there's been no change effected in three times I would tell them the timing is wrong or I'm not the right one. I won't string them along in any way.

Most respondents discontinued such social work activities as organising housing, assisting with benefit applications, making phone calls on behalf of clients, or doing home visits. There were 2 exceptions to this, and both said they would take a client shopping if this seemed appropriate. Education and advice giving remained somewhat more prevalent. At the other "extreme" were some of the psychotherapists who gave little if any advice to their clients. Several respondents thought psychotherapists were "a bit precious" for avoiding such roles with their clients.

JANE: I mean sometimes when I meet with say a group of psychotherapists or psychotherapists only and I think: Oh my goodness you're so precious! So there's probably, I'd probably act more as an advocate for clients at times.

KATE: Advocacy, like when you say: "You're so precious!", what is the preciousness, what area would it be about? How do you see yourself being different? Like they don't advocate?

JANE: (Laughs) Well it seems to me like, you know, it always has to be what the client wants and you can't interfere with the therapeutic process etceteras, etceteras, etceteras. Whereas I think that knowledge and information are power, and so ... I don't withhold information from people ... From time to time if I feel ... there is an injustice occurring ... and they are not strong enough to address this themselves, I might offer to do something for them if they would agree. I mean I always try to work with my clients also to empower them to do the things that would have some impact, but I don't have an absolute rule, no.

KATE: When you say you do give information, are you talking about information about how things might work in the outside world or are you talking about information about yourself or both?

JANE: More about information in the outside world that they might not be aware of that might be helpful to them. Yip.

Whilst private practitioners appeared to have much autonomy over method selection, the availability of payment for certain tasks rather than others nevertheless appeared to affect the shape of their work. One practitioner suggested that private practitioners do not employ a full range of social work interventions, including advocacy and brokerage, because they are only paid for face to face counselling, rather than because other social work methods lack effectiveness.

MARGARET: ... I just think that would happen to anyone, that you tend to do what you're rewarded for and you're not rewarded for making a lot of telephone calls to try to set something up for someone because I mean there's no way you get paid for anything else.

Third party payers perpetuate the narrowing of the private practice social work task, and severely limit the possibility of applying a systems perspective to practice. For example, ACC will pay for sessions only if the survivor of abuse is present. This assumes that the presenting client is the



appropriate target system for the intervention. It also prevents practitioners from employing certain styles of couple therapy that would require partners to attend some sessions separately. The requirement to focus on the effects of sexual abuse may prevent the utilisation of psychotherapeutic methods that employ a more holistic approach to the analysis of client's difficulties.

Some respondents expressed concern over the dominance of the intra-psychic medical model discourse that they perceived third party payers perpetuated. Their concerns re-iterated those expressed by Strom (1992), who points out that vendorship arrangements have meant the return to a medical model, as funding providers often require a definition of illness for payments to be made. Strom also quotes research by Kirk and Kutchins (1988), who found that 59% of the clinical social workers they surveyed used DSM Axis I diagnosis when they did not believe these were warranted, to facilitate third party reimbursement. Seventy-two percent of subjects were aware of cases where more serious diagnoses were used, and 86% were aware of instances where individual diagnoses were made, when the main issue was a family problem. Most indicated this happened frequently.

Soon after I completed my interviews, ACC introduced new case management rulings that threatened to limit the number of sessions available to sexual abuse survivors. Reporting requirements also increased and became more diagnostic in nature. I did not formally interview practitioners following these changes, but there was much protest from all counsellors, including those with a social work background. Protests focused on session limits, and the inappropriateness of psychological labelling of abuse survivors. Such conflicts highlighted the different aims and ideologies of vendors and practitioners, specifically ideological differences about the relevance of connections between private troubles and public issues. Especially social work trained practitioners believed psychological labelling obscured and perpetuated power imbalances and victim blaming.

Respondents who had sought to evade administrative tasks might also object to the time spent writing reports. Furthermore, the bureaucratic demand for intimate documentation of the counselling process has implications for the extent to which private practitioners can be considered to be autonomous.

## 8.4 Availability

Some of the major decisions private practitioners faced as they engaged in private practice work centred on issues of "availability"; when, whether, and under what circumstances to be available to clients, and how to balance this with time spent alone or with family.

Many respondents had made themselves very available in the initial stages of private practice because they worried they might not get enough referrals to make their practice viable. They also often believed their service should be available to all who needed it. During this time they were prepared to work long hours and sometimes accepted clients they might ideally prefer not to take on.

TONY: It was funny, for the first few years, I mean I was available to anyone at any time ... I would sometimes work in the evening, sometimes work on a Saturday. No, I'd be pretty unselective in terms of who ... Anyone who contacted me I would [see], unless it was totally out of my league.

There was a range of opinions about the appropriateness of being available to clients on the telephone outside normal working hours. Some practitioners believed being available outside work hours was one of the responsibilities of being in private practice.

ANDREA: Yes, and I think there are some clients that I do actually give my home phone number to where I don't think I ever did that when I was working for the Area Health Board, but there are some clients that I do and so I feel that's changed. I'm very careful about who but I think it is important to do that.

KATE: How is that for you?

ANDREA: Mostly it's okay but sometimes ... there's a feeling that you haven't got the same amount of time to yourself. But then if somebody's really in crisis .....

Others disagreed. They did not consider it appropriate or wise to give out home numbers, or simply preferred not to do so themselves

SUE: I think an interesting one for me is—and I haven't altered ever since I've worked as a social worker—that my home phone number is not available to people. Now that's in contradiction or distinction to quite a few private therapists who feel that people should have their phone number. I don't. I leave Psych. Emergency Services or Lifeline to be the people that are called. And the strange thing is with my clients, nobody has ever asked me if they could call me, no one has ever asked me for my home number, I've just made it—in fact I haven't even made it clear from the beginning, but it just is. And no one's ever, its never been necessary, which is really interesting in terms of expectation. But I'm very strong on keeping my private life separated from my professional life, I think it's just vital. ... I think I'm a stickler for boundaries and I think that that was part of my social work training, which was really, really important.

---

JANE: I would never give my home phone number out and I would never make myself available out of hours.

Private practitioners who felt they had a choice about their availability on the telephone, were usually reasonably comfortable with whatever decision they had made. However, when respondents must use a home telephone it became difficult for them to place restrictions on availability, and telephone issues could become extremely burdensome.

MARGARET: ... well, because I used my home phone a lot more then, I mean because at first it was all on my home phone and everything and ...

KATE: What was that like?

MARGARET: Well, people were a bit surprised when someone would

ring in crisis in a dinner party. I mean it really impinged on your life. There's a lot of money, but by Christ you earn every cent (laughing)! Yeah the phone would go and I found—actually I'd forgotten about this—that I would be a little bit anxious every time the phone would go because you'd never know what's at the other end. And I had a, I had one abusive phone call in the night. Not real abusive, just kind of a client sort of cursing my child actually. I was pregnant, so that was a bit yuck and we took the phone off for a few nights. He never called again.

---

RACHEL: Well it didn't work well, the idea of having your home phone being your work phone. So the phone was the problem. ... People knew it was a home phone, they knew they could phone in weekends, they knew. And it was all those issues that were silly. Of course I could have got a separate line and had a line that was just my private line, but that seemed like a big step. I was kind of, yeah it didn't seem like that was, yeah I'm not sure why I didn't. I wasn't thinking that laterally.

---

HEATHER: There's a bigger psychiatric overlay than there used to be when we first started. ... Its now moved into unknowns. And people presenting and people not really ... having been screened in any way. So with that goes the suicide risk. And being available from your home basically twenty-four hours a day I find that sometimes, I find that process difficult. ... And you know you can put your answering machine on, but as you know there is a real dilemma there between—are you available and do you make a judgement call on how distressed this person is? Its quite stressful! Whereas if you just go into your office on Monday and collect the messages ...

In part, these availability issues sprang from an increased sense of individual responsibility for clients. In private practice the burden of responsibility was no longer shared with a team. When

problems occurred, practitioners often felt solely responsible, even though they all received supervision. This responsibility factor could reduce flexibility to a chimera. Other commentators, including Barker (1992), and Rosenthal (1995), have suggested that the flexibility of private practice may be more theoretical than practical. Pam's comments are illustrative.

PAM: I think it is a false idea about flexibility. ... I would walk out of the ... Department if I had time in lieu, I can't do that here. If I have a woman expected at three o'clock, or it is like somebody ringing up and saying: "I've got to see you today", and you have your appointments booked in, there is no lunch hour is there?! ... funny, in a way I really think that the nine to five or eight to five organisation with build in sick leave, vacation, whatever, is more flexible! Yes and it really is true, working with people who are in a stage of a healing process and they are coming weekly, my responsibility to that healing process is significant. ... if I walk out of there it is difficult. So I care about abandoning this job more than I would if I was working for Justice or Health, because there would be someone else to pick up, replace me, but [now] they can't because of the relationship.

Organisational consultants also found they frequently worked long hours to meet deadlines.

NATHAN: I ended up doing far more hours than they or I ever anticipated, like working until midnight, with a half hour for fish and chips or something, having started at six in the morning. And then we'd be up again and started at six again.

The expectation that consultants would socialise with business clients after hours was difficult to meet for female respondents who were responsible for the care of small children.

TANIA: ... and then to you often have to go for drinks. And that's what I had to do last week, and it meant I didn't get home till seven and the nanny has to stay later and I have to

pay her more. And if I don't do the networking and go for the drinks and be one of the boys, which it very much is in this kind of work, then I wouldn't get more work.

Issues around availability and work hours had an impact on the private lives of several practitioners. Women most often mentioned this impact, particularly if they worked from home. Several said their families had complained about the intrusion of work on family life. In two cases, women's partners blamed the woman's involvement in her business for the break-up of the marital relationship.

VANESSA: I used to try and say, I used to be really open and say I would see people outside work hours and that suits the working person and we'd do that. And that would get me so much stick from [my husband] that I used to try and say: "Okay I won't do that, I'll limit it to one night" or "I'll limit it to this". And I would for a while, and then gradually it would get up again because people would just want it, and also because I was self-employed I wouldn't turn down business. I didn't know when it was next going to come! So I took whatever came when I could, and that caused a huge conflict for me and [my husband], huge! And he would say it contributed to the end of the marriage and it probably did, but then that's not just about that, its about how he abused that, and what it meant for him.

---

TANIA: I wonder, did I do the right thing? That's certainly something—if I had stayed in the hospital and I'd been a health social worker, without all that's gone on. But then he's got his own business, he's done everything that I've done, and he worked much longer hours than I did. I think it is his problem, not mine really, I think that's where I've come to.

Men expressed much less concern about the impact of their need to be available to clients on themselves and on their family life. One man was currently the primary caregiver and did say he

was weary from juggling multiple roles. However, none of the men spoke of the level of misunderstanding or acrimony that a small subsection of women received about their involvement in their work.

Viewed from a system's perspective, men's ascribed roles within the family were more differentiated, whilst women's roles had more permeable boundaries (2.2). In Chapter Eleven I will discuss the effect of multiple role expectations on women's professional lives.

Over time most respondents became more selective about whom they would accept as clients, and more restrictive in the hours they would agree to work. They came to believe this was important not only for their own and their families' well-being, but also for their clients. When they were able to be more selective in this way they began to experience some of the benefits of private practice to their personal and their professional lives.

JEREMY: Yeah, so those kinds of things made me realise there are issues of safety and where do you get your referrals from when you work by yourself. ... I think in my first six months of virtual counselling I ended up with three referrals which ended up in admissions to Sunnyside and it was partly because the referrals came from the mental health sector, a significant number of referrals from that setting.

---

ANNETTE: Yes, I always spell that out and ... I say: "Phone contact only in emergencies and no dropping in", and whatever. And most of them are pretty clear on that anyway, but yeah, I think after a while you have a gut feeling. I have a gut feeling if someone could be violating those boundaries, so [to] some of them I spell it out more. I had a mental health referral recently and I felt I really had to sort of sit down and spell out for my own sort of security too, for my own comfort, to spell out those boundaries.

---

INGRID: I think I have become, I think again it has been an

evolutionary process, I think just like I have become clearer and clearer about what I am prepared to offer, I have also become clearer about when I am prepared to offer it. And partly I am constrained by child care. And partly, yeah I have had difficulty over that. I used to do quite a lot evening work. If we contract to run a group during one evening a week, then I would say that I wouldn't be prepared to see anyone else during the evenings. And partly that is because I just prefer not to work in the evenings, and partly I just don't think that it is fair on the family to work in the evenings.

However, more recently, changes in the economic climate and in employment legislation meant clients might feel less secure in their employment, and perhaps more afraid to ask for time off from their employer. An accompanying reduction in referrals prompted some practitioners to review their availability.

PAULA: I think with [the] Employment Contracts [Act 1991] you have to sort of be a bit aware of that now. In the old days I could say: "Well sorry, you've got to come at that time!", but I'm not sure if that's appropriate. So yes, I juggle that around a bit.

Private practitioners tolerated heavy workloads or difficult hours that they probably would not have accepted in agency practice, because these hours appeared to be self-chosen. The opportunity to work only four days per week, to be at home for the children, or to choose when to take holidays, continued to compensate most respondents for their irregular or long hours and for the hard work they did.

## **8.5 Summary and Conclusion**

It appeared that respondents who preferred traditional therapeutic modalities and practices were generally satisfied with the composition of their private practice client groups. They thought that they remained accessible to poor people, whilst they now also provided a service to more



affluent clients. They more often employed long term interventions than they had been able to in agency practice.

Whilst respondents believed they had autonomy over whom to work with and over work methods, I suggested that payment issues constrained these choices. In private practice, counsellors and psychotherapists were only paid for the time they spent in direct face to face contact with clients. Third party payers placed restrictions on the autonomous decision making of private practitioners through case management.

In the first years following the transition, most respondents found that the performance of private practice work raised issues about availability. Usually people became more comfortable about setting limits on their hours of work and on the issues they would deal with, when they grew more confident that they would receive enough referrals. Some practitioners learned painful lessons, because they had unpleasant experiences with disturbed clients who broke boundaries or were otherwise difficult to safely treat in a private practice setting. Major and serious events included verbal abuse over the telephone and property damage. Suicides and hospitalisations of clients also made private practitioners more wary about whom they would accept as clients.

Those respondents who had already adapted to the counselling or psychotherapy role, appeared to experience somewhat fewer difficulties about making availability decisions than respondents who were less familiar with this role.

Organisational consultants also felt reasonably satisfied with the kind of work in which they were able to engage. They did not experience frightening boundary breaches by clients. Nevertheless they too struggled to contain work hours and expectations within limits that were acceptable to their own and their family's needs. Women felt constrained to fit into a male model of the ideal corporate persona.

As discussed in previous chapters, gender was a significant factor. Men were more unequivocal in their praise for private practice, whereas women were more ambivalent. Particularly those women who worked from home and cared for children faced conflicting role expectations, and heavy demands on their time and emotional resources.

## Chapter Nine

### Well-being and Satisfaction in Private Practice

#### **9.1 Introduction**

USA research by Jayaratne et al. (1991) is often cited to support claims that private practice is a healthy alternative to agency practice. However, the data contained in the preceding two chapters suggests that some of my respondents, mostly women, experienced considerable stress following their decision to enter private practice. This prompted me to examine and analyse respondents' assessment of their health and well-being more closely. The relevant data appears under section 9.2 of this chapter.

The stressful nature of private practice led some respondents to consider a return to salaried social work practice.

In section 9.3 I explore this and other reasons why some respondents considered leaving private practice. The results of this enquiry suggest that private practice may be better thought of as a "career phase", rather than a terminal career move (Strom, 1994).

#### **9.2 Is Private Practice Good for Health and Well-being?**

Jayaratne et al. (1991) suggest that "Private practice may be good for your health and well-being." Their research compares the well-being of 160 full-time private practitioners to that of 486 full-time agency social workers, who were matched for variables such as age and marital status. The researchers employed measures of psycho-social strain, physical health, and life satisfaction, and obtained their data through a ten page questionnaire. They found that private practitioners report fewer strains on their health and emotional well-being than agency practitioners. They also found that older and married respondents report more favourably on these dimensions. Jayaratne et al. concede that private practitioners might be healthier to start with, but they suggest that other evidence indicates that it is the private practice context in which the work is carried out that makes the difference.

Whilst I did not employ any standardised measures of well-being, the material recorded in Chapters Seven and Eight shows that respondents raised issues that pertained to this aspect of private practice. These included isolation, and stress resulting from financial concerns, and from difficulties in maintaining a balance of the professional and private spheres of their lives.

I asked 28 respondents how they thought private practice had affected their health and well-being. Only 2 thought that it had had no effect. Eight women and 4 men focused on the positive effects.

When the flexibility of private practice enabled these practitioners to use free time for personal enjoyment, they reported feeling happier. They said that their self-confidence and self-esteem improved when these were no longer undermined by restructuring of systems and collegial jealousies or problems with managers.

BOB: And also I find, I felt that private practice has offered me a lot in terms of my feelings about myself, good feelings of self-esteem. You're not being buffeted by the systems that really aren't okay, you're not having to fight for every inch. You're not actually with the jealousies, and the inter departmental jealousies, that occur when you are promoted.

Physical health had improved markedly for 2 respondents in the over 55 age group, while others also said they were now ill less often.

PETER: My health is certainly better now than it was in my last couple of years at [the agency]. That was an added tension.

While the numbers are too small to allow definitive statements to be made, it appears that those respondents who had entered private practice because they had re-evaluated their professional direction, were interested in starting a business, or wished to enter organisational consultancy, were most satisfied with the effects on well-being. Those who had left agency employment for ideological and ethical reasons were also more likely to think their self-esteem, health, and or

well-being had improved. It is interesting to note that several respondents who had sought to improve their income felt happier in private practice even though they had not achieved this aspiration. This once again confirms Herzberg's (1966) theory that monetary rewards for work are hygiene factors only (2.4.1).

Six women mentioned mostly negative effects on their sense of well-being and satisfaction. For them the stresses and burdens that are described below, overwhelmed the gains of private practice. This may have been due to their greater isolation, as they frequently had to fit their practice around their children's needs, and because they were burdened by financial difficulties that prevented them from enjoying material rewards of their efforts. One of these respondents was leaving private practice and one had returned to part-time agency practice. Two others had previously taken breaks from private practice to take up alternative employment opportunities.

The remaining respondents spoke of a mixture of negative and positive aspects of private practice with regard to well-being.

Included amongst these negative aspects, and as previously discussed in Chapter Eight (8.4), respondents said private practice was sometimes very stressful, and brought an extra burden of responsibility. This extra responsibility related to working alone with disturbed clients, suicides of clients, and lack of collegial relations that meant not being able to "off-load" regularly. Such burdens led to increased self doubts and self questioning, and at least temporarily, stress on physical and emotional health.

HEATHER: I think a couple of years ago I was getting a bit burnt out. I had someone suicide, and I just really took that very heavily. But I found ways to deal with that when I recognised that—I think it went on a little bit too long—and I've come through that. I would say I was probably getting quite depressed at that stage and anxious. Very good supervisor, couple of really good peer supports, just saying: "Hey this is what is happening for me". Recognising it, then being able to deal with it. Cutting back my work a little bit, I guess giving myself permission as well to say "No" to a few referrals. I can quite clearly correlate that to working too many hours. Plus, you know, the suicide. It was

around about then, so I can't negate that. I've had people since then, mm, ... working with domestic violence is quite traumatic sometimes, other people have died but they haven't affected me like that. I think it's the nature of the work. Just sharing it with other people ... But that in itself is quite a learning experience too, you know, I think that's a growth ...

As also stated earlier (8.4), secondary trauma and "burnout" were mentioned by several of the respondents as a result of working with abused clients. Others experienced stress when personal issues or life crises paralleled those faced by their clients. Sometimes this necessitated taking time off, or reducing client load. Stresses of work also impacted on relationships, as memories of abuse accounts interfered in intimate relationships, or when responsibilities to clients interfered with lifestyle and time available for relating to family. Most of those who spoke of such negative effects worked from their own home, and the great majority were women.

Those people who had entered private practice strongly motivated by a search for improved well-being more often said they found private practice had impacted negatively. This makes sense if we consider that people often find themselves caught in problematic life or work patterns. Those who had most recently left agency employment to seek an improvement in their well-being still believed they were going to achieve this improvement.

One respondent drew my attention to a changed pattern of illness. She said she had read that this was common in private practice. She believed that because it was too costly to take time off work to be ill, she now got sick for longer but less severely, so that she could still go in to work.

MARGARET: I'm never sick. I'm sick like this for long periods of time, but I never miss days because it costs money. And so my body has somehow learned that instead of being really sick for a couple of days, you're half sick for two weeks. And I've read that that's a common thing with people who are self-employed.

Those respondents who recognised a mixture of positive and negative factors stressed they needed to be vigilant and monitor private practice demands and clinical workloads to prevent

their work from negatively impacting on their well-being.

BELINDA: ... one of the challenges of private practice is to manage the demands of private practice in such a way that it doesn't impinge negatively. And I mean, I certainly go through periods of feeling that it does to some degree. ... I work long hours and come home late and tired and without energy to put into anything very sort of replenishing during the week. So ... that means that it's difficult to maintain an ongoing programme of professional reading, because I'm too tired at the end of a long day's work, and in the weekend it seems important to turn my gaze away from work. So those issues are complicated. And I try to manage and balance those things by getting someone to do my housework so that my weekend freedom is maximised, but it's quite a juggling match. And I think it is ... demanding and stressful work, and there's no way of pretending it isn't.

---

JEREMY: ... I would never call myself somebody who is depressed, but there are some periods of time when I get involved in a lot more self doubt and a lot more self questioning than I did in the past. I have to do more self-talk I think.

At least 15 respondents had experienced a major positive or negative personal event while in private practice, that had a significant bearing on the practice.

Positive events included entering a new relationship, and having more time after the children left home. Largely positive changes such as these led to a significant expansion of the options open to the practitioner.

Negative experiences included the disclosure of abuse by a child, the death of a parent, the death of a child, arguments and separation from a partner, and current ill health. These personal issues led to a significant reduction or a temporary cessation of private practice work.

The other major personal events that led to a reduction in private practice activity were pregnancy and childbirth for women. Although the reduction in private practice activity that was brought about by such events might be intended to be temporary, there could be long term consequences on the viability of the practice, as also suggested by Wallace's (1982) research (7.3.7). The practices of the majority of men were not affected to the same extent by pregnancy and childbirth. One man did speak of becoming more concerned about financial viability and less eager to take risks now that his partner was expecting a child.

Some practitioners said that, although they had not been ill during private practice, they had experienced health-scares, that made them conscious of the vulnerability of their practice to such an eventuality.

At least 5 respondents (2 women and 3 men) had an income replacement insurance to protect them against loss of income during illness. One of the women regretted taking this out, because she thought she could have invested the money to better advantage. Three men who had the insurance cited reasons such as having been unwell and realising their vulnerability

TONY: I think it was just that whole vulnerability thing, what happens if something does happen and there is no income.

Another man planned to take out cover soon, as his partner was pregnant and he was going to be the sole income earner. Greater dependence on, or higher value given to male income may be a reason this kind of cover appears more important to them.

Reasons for not having income replacement insurance included the cost of the insurance, lack of dependence on the private practice income, and preferring to take the risk or personally reserve money for possible illness.

This type of insurance cover can also be difficult to obtain for people who have existing or prior health problems, such as a major depressive episode. Insurance may be too expensive for those who already earn little and are trying to keep costs down.

Despite some of the drawbacks encountered, no-one regretted the decision to enter private

practice, even if they were now considering leaving private practice. Many people, even those who thought that private practice had been stressful, thought their experience had changed them for the better, for example, by making them more confident professionals.

It is impossible to say from this study whether the well-being of New Zealand private practitioners is under more stress than that of practitioners in the USA.<sup>72</sup> If it is, there may be several explanations for this.

Jayaratne et al. (1991) suggest that private practitioners work with more middle-class and articulate clients who may present with problems of lesser magnitude than those clients who seek out agency assistance. This may mean there is less client related stress for private practitioners. My respondents, by contrast, emphasised that they continued to see a high proportion of poor clients with major developmental and social difficulties. This may explain the levels of stress they said they experienced.

Jayaratne et al. do not mention gender as a factor in well-being, although they did find that marital status was positively related to well-being. In my study all of the men were currently in a relationship, an increase from the time of their entry to private practice. By comparison only two thirds of the women were currently with a partner, and one fifth of the women had separated since entering private practice.

New Zealand social workers may have different motivations for private practice, specifically women may more often be motivated by the desire to work while rearing children (5.2.2). Furthermore, women in counselling roles may be more likely to identify or empathise with the distress of the largely female clientele of private practitioners, and this may be an added psychological burden.

JANE: Well, it's just keeping up being able to be present with people for the number of hours a day that it takes to earn a reasonable income. It's a strain. A lot of the time it's not, a lot of the time it's energising, but every so often it feels like it's: "Ooooooh!" And also the intensity of people's

---

<sup>72</sup> Nor is it possible to make any comparison with the well-being of agency staff.



pain.

Like Strom (1994), whose respondents also acknowledged the stressful nature of private practice, I interviewed several people who were no longer committed to private practice. It is likely that people who are about to leave private practice are more willing to talk about the negative effects of private practice on their well-being. Being soon to be relieved, they need no longer deny these effects.

Finally, in New Zealand there is not yet an established identity for social workers as private practitioners. Practices are often developed on a basis of trial and error and sometimes solutions are borrowed from books and from role models. Such methods of acquiring practice knowledge can probably not compete with a lengthy socialisation process that leads to a more gradual "becoming". This explains also the relatively smooth transitions and subsequent satisfaction experienced by those who had, prior to entering private practice, come to identify themselves with the incumbents (psychologists, psychotherapists) in the private practice field.

### ***9.3 Is Private Practice an End Stage in the Social Work Career?***

In view of the stresses of private practice for some respondents, it was reasonable to wonder if they proposed to remain in private practice. When I asked respondents what their long term employment plans were, the majority thought they would remain in private practice for the foreseeable future. For 3 respondents this was primarily age related, whilst 6 were determined they would never return to a salaried social work position: "I'd rather pump gas before I went back."

The most enjoyed aspects of private practice were: Freedom to make decisions about what work to undertake and work methods, the opportunity to structure ones own time, the personal and professional challenge of private practice, freedom from personality and agency politics, and being able to be effective in work with motivated clients.

STEPHEN: ... I enjoy what I'm doing, and it's going so well that whatever I look at usually pales into insignificance, you know. It would have to be a bloody good thing!

RACHEL: But generally I just see it as the best possible way to work. And I think it is just, yeah, just being free of bureaucratic restraint is critically important. ... Yes, and taking, choosing, yeah, having clients that you are choosing to work with, and working with client groups that you are making a choice about. And for me one of those big choices was not doing ACC work, although that wasn't so much the client group, ... that was more a management issue for me because it meant I wasn't overloaded, I could keep my workload down.

---

EVELYN: ... the flexibility and the ease, and that's one thing that I really enjoy, the ease of school holidays which have just been, and being able to take quite a few days off without having to juggle annual leave.

---

ANDREA: Oh yes, it certainly makes my work very varied and interesting and challenging. And always wanting to look at new ways of doing things and working with people and looking at new ideas and how I can work better and I think that's exciting.

---

HEATHER: ... I also get it in perspective by looking at the personal cost of dealing within a system as a social worker is pretty hard, not the big system but the office, or the agency system.

KATE: There are also costs in staying in the system?

HEATHER: And if you're pretty resourceful in sort of mustering your own strength and pulling yourself together you don't at least have to deal with all those people that impinge on you,

and I guess I found that an advantage, working by myself.

However, a third of respondents were seriously considering leaving private practice, some immediately and others in the intermediate term. This challenges the commonly held perception that private practice is an end stage, a pinnacle of the career. The most common reasons for considering this option or seeking to leave private practice were income related, the hard work and isolation of private practice, approaching retirement, and a desire for new challenges. Women more often considered leaving private practice than men.

KATE: Could you ever imagine yourself going back to an organisation in a social work position?

ANNETTE: Mm, yes maybe when he's five and depending where private practice goes—to maybe work full time for a while, before I get too old.

KATE: Okay, yeah. What are the changes that you think you would face?

ANNETTE: Missing my child, having no time for my [hobbies]. Just all those things. Sort of a bit of a thing I don't want to really think about, but it's the *poverty* that really you know [makes me consider returning to salaried agency employment].

---

MARGARET: I have gone through this huge thing of thinking that I really need a change. And looking at ... a variety of things trying to get a change, and then gradually coming back to facing the fact that really there's a huge amount of variety in social work ...

Seven more respondents thought it unlikely they would return to salaried employment in the near future, but did not want to rule out the possibility in the event of private practice demand "drying up completely", or because they still had a number of working years ahead and did not want to foreclose on their options.

While most of the respondents in my study who were considering leaving private practice considered a return to agency employment, some also harboured other long term goals. These included a desire to establish a business venture of a different kind or to continue their education. Owning a different kind of business appealed to at least 5 respondents, sometimes in conjunction with a smaller private practice. Two respondents were studying towards a higher degree, and others were seriously considering this option. Employment in social work education was also an interest for some. Two respondents had intermediate term plans for retirement.

The desire for new challenges was significant for at least 9 practitioners. Even those who intended to remain in private practice had come to recognise their need to build in change and challenge to prevent boredom and stagnation.

JANE: I think I quite quickly realised that I like some change in my work as well. And I think almost every year I can think for myself: Aha, this is the challenge for me this year. Or: This is good to do this, this is different. Yeah, I have really needed that and enjoyed doing that, yip!

The respondents' replies support Strom's (1994) finding that private practice is not a terminal career move. More than 29% of Strom's sample of agency practitioners indicated they had previously engaged in private practice and quit for various reasons, including other job options, changing market conditions, or general dissatisfaction with the setting. More than 25% of the sample viewed private practice as a "career phase" from which they moved back into agency practice.

#### **9.4 Conclusion**

Private practice's benefits to health and well-being were not unequivocal. Some respondents were able to benefit from flexibility and autonomy, and achieved a good income. They felt well satisfied, happy, and healthy. These respondents were often, but not always, men, or women who worked in group practices and without school aged children. Respondents who felt they benefited greatly from the transition to private practice did not usually consider returning to

salaried social work, but might consider alternative employment options out of a desire for new challenges.

As became clear in earlier chapters, the well-being of women, especially those with small children, was not as well supported. Some appeared "ground down" by the stress of poverty, long hours, and isolation.

Women with small children more frequently considered returning to salaried employment. Some had always planned to return to agency based social work practice, and considered private practice to be a pragmatic interim measure to facilitate child care.

Some respondents felt concerned about the reduction in private practice referrals that they had experienced over the preceding year. They realised they might need to consider a return to agency practice for economic reasons.

Private practitioners may discover that their return to agency practice is difficult if they have become isolated from social work networks, methods and knowledge, as suggested in Chapters Seven and Eight. Did the respondents retain a social work identity that might facilitate their eventual return? In the following chapter I discuss social work identity and affiliation issues that may go some way to answering this question.

## Chapter Ten

### Retaining a Social Work Identity

#### **10.1 Introduction**

Perlman (1995) reports the results of a survey of 82 social work-psychoanalysts, that compares their retention of professional identity to that of 66 psychologist-psychoanalysts. He considers factors including collegial networks, patterns of self identification, satisfaction with education, associate membership, and the reading of professional journals. Perlman finds that social workers are less likely to affiliate with their profession of origin than psychologists. They are less likely to avow their original professional background, less likely to have membership of their professional organisation, and they consider their original training to have been less adequate.

According to Perlman's findings, for both social workers and psychologists, discipline avowal decreases, and adoption of an exclusive psychoanalytic identity increases with years of experience. This leads to a progressive social integration of social workers and psychologists within the analytic community.

When I asked respondents if they retained a social worker identity, just one third answered in the affirmative. Even then, most would only inform clients that they were social workers if they thought the person would be likely to understand what this meant in the private practice context. As discussed in Chapter Seven, few used the designation "social worker". Most respondents indicated that while they still recognised social work was an significant aspect of their background, they now considered themselves counsellors or psychotherapists.

Despite this lack of overt identification, respondents were affiliated to social work and to colleagues with social work backgrounds to a surprising extent. This affiliation was sometimes unconscious, at least prior to the interview participation. Collegial affiliations are discussed in section 10.2 of this chapter.

In section 10.3 I discuss the most enduring elements of the social work background, as identified

by respondents. These were the "systems perspective" (viewing the person in context), and the values of cultural sensitivity, empowerment, equity, and justice.

Social work schools and the New Zealand Association of Social Workers play a part in the socialisation of social workers to their profession, and potentially in the maintenance of this identification. In sections 10.4 and 10.5 I will report some of the relevant comments respondents made with respect to the roles of these organisations.

## ***10.2 Collegial Connections and the Social Work Identity***

As discussed in Chapter Seven (7.3.5) few respondents continued to use the title "social worker" after they had made the transition to private practice. Less than a third said social work still played a significant part in their professional identity. For these practitioners, contact with other social workers was a significant factor in identity maintenance.

EVELYN: Quite strongly in the sense I still identify quite strongly with social workers. So that in terms of interpersonal relationships I would say probably the people I'm most strongly connected to are social workers.

Many respondents, even those who no longer considered themselves to be social workers, indicated their closest colleagues, in the workplace and in peer supervision groups, were predominantly social workers. Thus it appeared that although people changed their titles and overt identification, at a deeper level affiliation was more enduring.

VANESSA: No, a wide variety, but it just so happens that they all happen to be social work backgrounds, as it so happens. And that's probably because I knew them as social workers and we've still got that knowledge, I know them.

---

PAM: It varies. I belong to a supervision group and they are all social workers. ... but my supervisor is a psychotherapist.

KATE: With a social work background?

PAM: Yes, basically she is a psychotherapist, but she did practise social work. And I suppose a lot of my colleagues that I trained with, like the group that I talked about before, they are all social workers. So I still have, I don't have a lot of links, I don't get time anymore for social links in the practice area, but I have retained those links.

Many respondents had selected a supervisor with a social work background, although supervisors might be members of NZAP rather than NZASW. Supervising members of NZAP, who had many years of experience in private practice, were role models to relative newcomers.

Some of the respondents enjoyed retaining their links to social work through supervising social workers in private and agency practice.

It seems likely that supervisors with a social work background who recognised and valued their own history would be well placed to assist newcomers to negotiate the transition to private practice without devaluing or disavowing their background. However, not all supervisors retained their social work identity, whilst others might be ambivalent, ambiguous, or silent about these issues.

Furthermore, it appeared that respondents selectively attended to the interpersonal dimensions of their surroundings, recognising only those aspects that supported the identity projects in which they were currently engaged. The following respondents were speaking of the same supervisor, but perceived her professional identity to correspond to that to which they themselves aspired.

BELINDA: ... originally social work, but like me now absolutely grounded in psychotherapy.

---

MARGARET: Social Worker. Vivienne is a social worker, isn't she. Oh I'd be scared to death of a psychotherapist! Wouldn't go near them with a barge pole unless it's in a safe



situation.

KATE: Vivienne is a psychotherapist too.

MARGARET: Yeah, of course she is, but she comes from a social work background.

The process and context of the interview led some respondents to reaffirm the significance of their connections with social work and social workers.

SUE: I wish I had a bit more time to go to social work meetings. My supervisor came from a social work background. And I supervise quite a lot of people with a social work background, and I really enjoy that. ... Actually looking back has made me think more about that connection with social work and how strong it is.

### ***10.3 Beliefs, Values, and the Social Work Identity***

Respondents thought that they continued to connect and affiliate with other practitioners with social work backgrounds because they held beliefs and values in common.

Although, as discussed in previous chapters, some respondents thought their values had changed and they had lost political fervour, all said they retained significant aspects of the social work perspective and value base.

Almost all respondents identified systems thinking, viewing the person in context, as the single most powerful social work contribution to their current practice. This perspective informs the core social work task, as discussed in the introduction to this thesis "... to release and strengthen people's potential, and to increase the responsiveness of their environments so that this potential can be achieved." (1.3).

Respondents thought that compared to other professionals, social workers had a greater concern for bicultural issues, for the empowerment of disadvantaged groups and individuals, and for the

abolition of injustices. They thought social workers were less judgmental and less inclined than psychologists to pathologise or medicalise the problems with which clients presented.

GEOFFREY: I think the values and systems thinking, and it is just so important and it does, maybe it's the values. I can't relate to the others very well (laughs).

---

INGRID: No, like I said before I still work very much as a systems person, even working with individuals I am very conscious of the impact that significant other people have ... which is pretty unique to social work really.

---

ANDREA I haven't actually talked about [social workers'] awareness. Mostly I think they have an awareness of Treaty issues<sup>73</sup> that others don't have. And I think ... a concern for the disadvantaged, and ... that ability to advocate for disadvantaged people. It's there, when others perhaps don't have it. And I think generally they're much less judgmental, trained social workers I'm talking about now.

---

RACHEL: It is just that broad base I think. I think they have often got better life skills too. I think they have often been exposed to a greater diversity of people's life experience, and they have often, in a professional way, had to deal with ... more of a variety of unusual life experiences. I think that enhances professional practice.

---

JANE: Probably still I think that social workers take a broader perspective and are more aware of the social context. Mm, quite possibly be ahead of the other disciplines in paying

---

<sup>73</sup> Treaty of Waitangi. Concern with bicultural issues, that may include power sharing, Maori control over significant resources, and Maori self determination, or sovereignty.

attention to gender issues. ... certainly some of the people who I still maintain contact with would be in that league really. Yip, less tied into a medical model of seeing the world.

---

BARBARA: I think I am quite wary of the medical model. Some of the people who I know, who have come through psychology, are very focused on the use of drugs perhaps, or the treating of what is presenting now rather than what may be underneath, ... yes.

---

LIANNE: I think that we have supervision, which is different. And I think that we are much more careful about empowering our clients to make decisions for themselves, and I think that we are much more likely to let clients know how to complain about us ...

Few practitioners thought there were any social work values that were intrinsically inappropriate to private practice. Many did believe that certain common social work behaviours, based on particular interpretations of values, were inappropriate.

Counsellors and psychotherapists stressed the need to restrict the focus of interventions to a therapeutic framework. Many disapproved of problem solving, advice giving, and general "doing for". The pushing of political viewpoints was also considered inappropriate by several respondents, especially by psychotherapists. As discussed in Chapter Eight, brokerage, networking, and advocacy became occasional rather than integral aspects of many respondents' repertoires (8.3).

Organisational consultants did not experience the same level of discrepancy between acceptable agency and private practice behaviours. This may explain why their social work identity remained relatively uncomplicated.

JANE: I think there is an old idea that social workers do

things for people and I certainly step well back from that. Mm, but that's not something even in my training I guess that I adhered to anyhow.

---

PAM: No, I wonder sometimes about the doing bit, the doing part. I don't see that it is appropriate. I don't think that it is appropriate that you should do home visits necessarily, but I will do it for reports. But not for therapy. And I don't think that it is helpful for social workers with knowledge about contacts all around to utilise those.

---

BARBARA: Yeah, the main one would be problem solving. I'd say that the emphasis is often, in a social work agency is to look at the practical and the problem solving areas first and to consider the interpersonal issues second. And, you know, things like budgetary advice and those sort of things, they just don't come into the work as a counsellor or a therapist.

---

SUE: ... they are really into problem solving and finding solutions and they really struggle with process.

---

STEPHEN: I think any social worker going into private practice needs to have in mind, I was told it myself and I value that in retrospect, that it takes a couple of years to switch around, to start thinking as a counsellor or a therapist instead of a social worker or a nurse.

---

SARAH: I'll tell you what comes to mind that I notice particularly in the New Zealand ethics ... there seems to be a push towards social involvement ... And so I got a sense that the NZASW was really trying to say to social workers: "You need to get involved in social action." And I do [think that

this can interfere with the therapeutic perspective].

Although most practitioners thought that the values that informed their private practice still reflected social work values, many also found that their values had changed somewhat; they had become less idealistic, or placed a greater emphasis on client self reliance.

Almost one fifth of respondents thought their practice no longer fully complied with the ideological tenets of social work. Most commonly they cited a loss of commitment to the pursuit of social and political change.

RACHEL: I suppose I had more of a commitment to social change when I was training as a social worker and before and after. And that is still theoretically there, but practically ... I do very little in terms of those. And the kind of community work theory base, I would still say, yes in theory I would agree with that, in practice I do very little.

---

ANNETTE: The only thing that's lacking and I think I said it before, is my political emphasis I guess—but whether that is part of ageing as well as mellowing out ...

In Chapter Eleven (11.4) I discuss the factors influencing the de-politicisation of the private practice identity more fully.

#### ***10.4 Educational Institutions and the Social Work Identity***

Pre-social work education and occupation did not appear to affect the likelihood that practitioners would retain their social work identity following the transition to private practice.

There did appear to be some differences amongst respondents from different educational institutions in their retention of the social work identity. Most respondents who undertook their social work education at Massey or Victoria Universities retained a strong social work identity, whilst more respondents educated at the University of Canterbury were ambivalent about their

identity.

The reasons for these differences are not entirely clear. Only respondents from the Massey and Victoria programs worked as organisational consultants, and, as mentioned previously, organisational consultants were less conflicted and more likely to retain their social work identity. The greater likelihood that Massey and Victoria graduates entered private practice as organisational consultants was probably due both to the social policy, social administration, and community work emphases in these schools, and to the nature of the employment opportunities that existed for the graduates of these programs in their geographical areas, particularly in the capital city Wellington. The Canterbury program, by contrast, appeared to have had a heavier emphasis on micro- as well as macro-skills training. This program may have attracted more people who had a primary interest in micro-skills, and hence may have been more likely to experience conflict about their social work identity. In any case, those graduates who became private practitioners were more likely to have perceived the greater opportunities for counselling, rather than for corporate or organisational contracts, that existed in Christchurch.

Whilst several respondents educated in overseas departments of social work<sup>74</sup> retained a strong social work identity, others no longer considered this relevant to their current work, sometimes because social work accrued low status in New Zealand. As immigrant respondents indicated in Chapter Seven (7.3.4), this low status did not fit with the professional self-concept they had developed during their training.

Irrespective of the school they had attended, respondents thought that their social work education had provided them with an academic and professional grounding. While this grounding was generally considered insufficient for private practice, it provided a basic conceptual and ethical framework for practice.

Several respondents stressed the personal nature of their values. They said they had not learned their values during their social work education, although it appears their values did become clarified, formalised, and operationalised.

---

<sup>74</sup> The numbers of respondents who attended each of the different overseas institutions were too small to comment on the possible effects of these programs on retention of the social work identity.

ANDREA: I think that the values that I have are social work values, but I don't think that I developed them through social work. I think I may have, they may have been strengthened through insight, through educational insight and so on and so forth and I think deepened my understanding of things but I don't think, I think they were there long before I became a social worker

Fieldwork placements had sometimes helped to clarify employment preferences, but respondents did not think that being allocated to placements had altered their existing preferences for work methods or client groups.

Female students who were interested in counselling and trained in New Zealand (almost all at Canterbury University) were most disappointed with their social work training. They thought they had not been taught sufficient counselling skills, and they had not been able to specialise as much as they wanted during fieldwork placements.<sup>75</sup>

PAULA: I don't know what the department teaches at the moment but it certainly wasn't really taking counselling seriously. They seemed to think it was somehow therapy was helping people accept their lot rather than change the world around.

One respondent spoke of being "thrown into the deep end" when her first position required much counselling, in which she said she had had no experience at all. She thought her educators had believed community work was the only real social work. Another respondent said: "I didn't want to get a job as a social worker because I felt quite negative about the training I had got." Other respondents thought the brief overview of counselling they received, while not adequate to their eventual choice of career, was appropriate in the context of a first professional social work qualification.

---

<sup>75</sup> Their interest in micro-skills may have, paradoxically, made these students more critical of the shortcomings of the counselling component that their program did offer. They were more likely to have compared the course's offerings with the many specialist counselling and psychotherapy courses that were (and continue to be) offered in the Christchurch area.

Two practitioners who developed an interest in Family Therapy during the 1980s felt better provided for, although this is not a method that is currently much used in private practice.

Several overseas courses appeared to have allowed students to specialise more, and contained a stronger counselling and psychotherapy component.

SARAH: We had to pick a field of social work in graduate school and I chose mental health. So I had a course in the different models such as crisis theory, family therapy, client centred, task centred. I forget all the different ones, but it was very model focused, problem solving, bio-psycho-social. And then we also had a class in psycho-pathology and a class in mental health methods. And that was the class where we did the ego psychology, object relations, analytic based training.

Three respondents had a preference for psychology, but decided to complete a social work qualification instead. One had been unable to meet the entry criteria for a psychology course, and the others had decided that social work offered better employment opportunities. Several other respondents had dual qualifications in social work and psychology. These people integrated systems thinking into their therapeutic approach, but they were not persuaded to abandon their preference for micro methods.

Organisational consultants did not express dissatisfaction with aspects of their social work training. They also generally felt they were morally supported in their private practice ventures by their schools of social work.

Only 2 respondents recalled that their educators had discussed private practice as a social work option during their training. One of these respondents was educated in New Zealand (and worked as an organisational consultant) and the other in the USA. The discussions included a philosophical examination of the issues involved in private practice. Both practitioners retained a strong social work identity, and used the designation.

More practitioners expected that their educators would disapprove of their decision. Some had perceived or experienced hostility toward private practice during their training. When such



hostility is perceived, this may add to a reluctance to identify oneself as social worker.

RACHEL: When I trained and when I first got into private practice, I certainly sensed, I had a sense of hostility. It wasn't the right thing for social workers to do, to be in private practice. Maybe that is changing now, so many people are.

---

TONY: It certainly wasn't presented as an option when I did it. I think it would be good to present, but I don't know if they do, but I am guessing there would be quite a reluctance to present it because of the philosophy that social work comes from.

A small number of respondents believed that the social work schools ought to teach about public welfare and social systems, not about private practice. But the majority thought that, since private practice is now a social work reality, the ethical and practical issues involved should be debated. Most wanted educators to emphasise that private practice was not suitable for new graduates. In the case of counselling, and especially psychotherapy, the social work training alone was not considered sufficient.

BELINDA: Well I think it's important to present it as an option because it will become apparent as an option. But the responsible thing would be to be putting some guidelines around that for people in training that have to do with levels of experience, the necessity for further training. Rather than allowing people to think of it as simply another option into which they might move immediately they have completed the training, unless it's a post graduate training ...

To improve social work training most respondents suggested there should be more micro skills training in social work courses, and thought this could be provided in post graduate courses.

There were also a number of respondents who thought that social work schools could do more to

assist social workers to adapt to the new market realities, and to take advantage of the opportunities that arose out of these in the public and private arenas.

CHRISTINE: I think social workers would make excellent therapists, mm, I can see endless roles for them, as independent case managers or consultants or tutors, people who have been out there and got lots of experience. But I really, really, again this is one of my things, I really think that training is so important and not just training but self awareness and self development.

---

TANIA: ... just like any other profession we can specialise once we've sort of got there so we've got the basic grounding to go in whatever direction we choose. ... I don't feel that social workers believe in themselves nearly enough, and from everything I've read, and from everybody that I've talked to in the last three or four years, I think we've got quite a long way to go. I don't think we've got the courage really, and that's got a real effect on what we can do.

---

GEOFFREY: ... Well I suppose this whole contracts thing. You see, there isn't anything but private practice these days, even when you work in the bloody ... so called public sector. It's all contract work. So you do everything under bloody contract.

---

PAM: Well, I guess we are moving into ... the areas of managed care. So I suppose if one was really adventuresome there would be an option for that, and utilising social work in a much broader sense. ... I am hearing of young people who, without any real people skills, are running ... training companies, and they are teaching. But ... they are clever enough to bring in people with communication skills to teach communication skills. But social workers could do that too,

because they have that umbrella of knowledge. Well they could. They could be taught to do that. ... I think it has been a bit blinkered. ... social workers could go in, a bit of management training, and be creative, and present a comprehensive program with a group of skilled people ...

### ***10.5 Membership of NZASW and the Social Work Identity***

Eighteen respondents were members of NZASW, and of these about half were members only of this organisation. Ten respondents belonged to NZAC, half of whom also belonged to NZASW and 3 to NZAP. Of 5 respondents who belonged to NZAP, 3 also belonged to NZASW and or NZAC. A small number of respondents belonged to the Psychological Society or to other associations.

Several NZASW members were considering joining NZAC or, less commonly, NZAP, because they thought these associations more clearly reflected their private practice work.

JANE: ... I actually think because I do so much counselling therapy that I need to consider belonging now to NZAP or NZAC

---

VANESSA: ... I'm always ... talking about belonging to the Association of Counsellors, because I think its more along what I am doing and more of an identity group.

Those respondents who thought they had a strong social work identity all belonged to NZASW, with the exception of one respondent who was planning to join.

Respondents saw benefits in belonging to NZASW (indemnity insurance, competency and compliant procedures, and ACC accreditation), but they felt that the social work journal, conferences, and other gatherings, catered more for agency based workers. Although organisational consultants did not usually look to other associations for membership, they too felt excluded by the mainstream social work discourse.

Respondents commonly considered themselves responsible for not raising the profile of private practice within the Association.

ROBYN: I think NZASW will respond to issues that people in the organisation raise really. So, I mean it is up to people like me to keep that in focus too. So, you can't just come from the belief that things will [be done for you], so I think there is possibility there.

---

MARGARET: I haven't found the journal terribly—well I don't even read it really. But I actually think that's me, not them. I mean, I've been out of the mainstream and tend to only read things that are really important to me right now.

At least 8 NZASW members had not recently looked at the Association's code of ethics or standards of practice, but they thought they complied with the requirements set down in these. The Association's attention to bicultural issues and social justice were identified as particularly positive contributions. Four respondents who thought there were inadequacies in the code of ethics or the standards of practice were concerned about supervisory issues.

JEREMY: One of the issues around supervision I don't think is clear enough and that's to do with what minimum standards are. The discussion paper that was put out by the Association I think has some clear gaps, like once you have been in practice for some years you can actually have a consultative supervision and it can mean once every two months or something like that. And to me the length of time you've been involved in practice doesn't affect your ability to have supervision.

There was also some concern that the code and standards were devised with only voluntary and statutory agency practice in mind, and less relevant to private practice. Codes of other associations were sometimes preferred because they were more specific, particularly to private practice counselling and psychotherapy.

TONY: I think just generally [the NZAC code of ethics] is ... more closely aligned to what I do and how I see the work I think.

However, most respondents emphasised that they did not rely on external codes of conduct to make decisions in their practice. They considered moral values to be internally derived and they monitored their conduct according to these internal values.

With a few exceptions, respondents did not engage in many NZASW activities, but they felt affectionate toward the Association, and appreciated that its efforts were on behalf of a large membership of which private practitioners constituted a relatively small subgroup.

The enduring nature of this affection for the Association is illustrated by the following two respondents. These excerpts also illustrate the recursive construction of identity, as the identification of both respondents vacillated somewhat, and appeared to grow more certain in the context of the interview. Particularly the last respondent illustrates the use of material objects (membership certificates on the wall, and letters on a business card) to help him construct and maintain his multiple identities (Gubrium & Holstein, 1995), (2.4.5).

SUE: ... There is something about my social work identity that is very important to me, so I can't imagine not belonging. I am not absolutely sure what I get out of it because I don't actually have the time to go to meetings. ... There is something there that holds me in very much in terms of that identity ...

---

GEOFFREY: My identity, look, there it is there. I mean, social worker, psychotherapist. Actually there should be a third one there, which is not there. ... Mm, because ... that is where, social workers aren't registered are they? But I have that sense of being an occupation, more solidly, and so on, than psychotherapists. But maybe it's just redundant, paying too much money to belong to the bloody hoot really. I don't get anything from either of them. I don't go to any of

the meetings either. I often throw the stuff I get into the rubbish, and I just pay a lot of money. And yet, mm, I think it is pretty important for some reason, I don't know. ... because I have, I do value being a social worker. I've got a, the letters after my name, you know. ... NZASW, NZAP. It does cover the whole field. That's who I am. Well that's my identity really.

## **10.6 Discussion and Conclusion**

In this chapter I examined aspects of intra-professional relations in the maintenance of the social work identity.

What united private practitioners with a social work background were their systems perspective and aspects of their value base, including social justice concerns.

What potentially divided them from other social workers and from one another was their everyday practice. This practice often became far removed from brokerage, networking, and advocacy. Practitioners drew on their post social work education to decide if abstinence was "preciousness" or sound psychotherapy, and when "doing for" was doing too much.

If they had become counsellors and psychotherapists rather than organisational consultants, respondents frequently felt dissatisfied with the lack of depth of their micro-skills training. Nevertheless they did feel they had been instilled with professional identity. They recognised they had acquired indeterminate skills that, whilst difficult to quantify, were important. They thought these were lacking in others who had arrived to counselling without a prior profession.

Members of NZASW often experienced a lack of direct relevance of the Association's journal and other activities to their practice. Nevertheless, the recognition of competence through formal assessment, and the availability of complaint procedures and indemnity insurance remained attractive. Ten respondents who were also members of other associations continued to belong to NZASW. Some may have retained multiple memberships for marketing purposes. Most, however, appeared to remain members because they felt the social work identity was

important, often not dominant, sometimes difficult to locate and ambivalent, but important nevertheless.

Even when they had shed such outward trappings of the social work identity as associate membership, affiliation and affection remained. Many respondents counted social workers amongst their closest colleagues and friends. They had not always noticed this predominance before the interview. They seemed to feel drawn to each other, much as other cultural (and marginal) groups who "feel at home" together, without knowing quite why.

Respondents tended to attribute their values to internal and life history factors that predated their social work education. I suggest that social work education and experience explicated these values and beliefs and harnessed them in a general systems perspective. This systems perspective positioned practitioners with a social work education concerning the people problems they encountered. They learned to consider both individual and context and in doing so they took up a marginal position with respect not only to client groups, but social institutions and other helping professions. Clearly articulated this position may be akin to that of Bourdieu's marginal observer (Harman, 1988), (2.5.2). Unarticulated it may result in aggressive reactivity and the "barrow pushing" complained of by some respondents.

The political passion of the social work perspective often subsided for the respondents, but might re-emerge when the most resilient of social work beliefs and values came under threat. This happened, for example, when, as discussed in the previous chapter, third party ACC instituted new requirements for report writing that required practitioners to label their sexually abused clients according to DSM-IV diagnostic categories. It was at these times that respondents knew again with certainty "I am a social worker."

## Chapter Eleven

### Narrative Identity

#### and Reflective Social Workers on the Margins of Habitus

##### **11.1 Introduction**

Over the course of this research, it became clear that multiple factors motivated the respondents' transition to private practice. Quotations have illustrated many of these factors. They represent both constraints and choices; aversive workplace conditions and domestic considerations, as well as the attractions of private practice, and the emerging opportunities for self employment in an increasingly market driven economy.

Throughout the thesis, as promised in the introductory chapter (Chapter One), I have aimed to maintain a balance and reflect the tension that exists between micro and macro explanations of social workers' transition to and experiences within private practice. Explanations that gave prominence to life history or constitutional factors were unsatisfactory, as were those that only stressed socio-economic factors. Linear explanations were not dynamic enough. In order to present a multidimensional image of respondents' experiences, it was necessary to reflect on the interlocking yet somewhat fragmentary systems that affected their lives.

In this final chapter I suggest that the idea of "narrative identity" provides a vehicle for the containment and understanding of the individual *and* contextual aspects of the transition to private practice, and the issues to which this transition gives rise.

The questions raised in the thesis allude to the significance of identity themes: Who are the respondents that made the transition to private practice, and what motivated them? Why have they made this transition at this time? Do these respondents continue to see themselves as social workers, and does their social work background inform their practice? Is there a private practice identity? Will their move change the shape of the social work profession?



By using narrative identity as a unifying construct, it is not my intention to abandon the social dimensions of change. On the contrary, I have sought to highlight the indivisibility of subject and object, agency and constraint, micro and macro worlds. By employing the concept of narrative identity I do, however, recognise and intend to honour the knowledge that the stories my informants told me provided my entry point to the topic under investigation.

In Chapter Four I introduced the concept of recursive identity formation. In section 11.2 of this chapter I will briefly recap significant aspects of this concept, and expand its application by highlighting the significance of the dimensions of time, space, and relationality, as discussed by Somers (1994).

Being mindful of these dimensions, and of the significance of power in shaping and constraining identity discourses, allows me to accord full weight to the socio-economic changes that have taken place in New Zealand, especially since the 1980s. Most respondents indicated that the effects of these social changes played a part in their decision to leave salaried employment. I review this aspect of the transition to private practice in section 11.3.

In section 11.4 I discuss the effect that the dominant discourse of private practice had on the political perspective of respondents. Following their transition to private practice, many experienced a lessening of their commitment to political action. This commitment had often been an important aspect of their social work identity.

Respondents' stories did not always appear to be internally consistent or cohesive. The material evoked in the interviews appeared to change shape in an unsettling way, and defied categorisation. In section 11.5 I explain how the idea of narrative identity is helpful in explaining the multifaceted and changeable nature of the respondents' self identification. It provides a framework for understanding their presentations of self in the context of the interviews.

The respondents' narratives were illustrative of conflicts that arose between competing identity discourses. Respondents expressed conflict between professional identities and domestic and leisure identities, entrepreneurial identities and helping identities, and professional identities and feminist or political identities.

It was clear that the ease with which respondents negotiated these difficulties varied enormously. Notably, women who needed to engage in child care activities found it difficult to balance their domestic responsibilities with their professional lives.

In section 11.6 I reintroduce the idea that integration rather than disavowal of the marginal position, may enable social workers to employ a reflective stance vis-à-vis the social field of the organisations and systems with which they work. I discuss the potential benefits of developing a reflective stance.

I also point out, however, that some respondents lacked opportunities for developing a reflective marginal identity. Multiple demanding roles and financial hardship constrained and disadvantaged women, especially those with small children.

In section 11.7 I discuss implications of my findings for policy and development in workplaces, social work associations, and educational institutions.

Section 11.8 concludes this thesis in a brief review of this chapter's main themes.

## ***11.2 Narrative Identity***

When respondents told me about their professional and personal lives, they engaged in a meaning making activity. They constructed and reconstructed their professional beings, drawing on fragments of memories, objects in their environments, and reference points such as their relationships with others and the framework of the topics under discussion.

The audiences for these stories included not only myself, but fellow social workers, other helping professionals, social work educators, and NZASW, because respondents expected that all of these would take an interest in the results of the study.

Early in my analysis I struggled with the temptation to make sense of the wealth of material provided by respondents, and of their similarities and differences, by categorising them, for example, as "pragmatic", "professional", "entrepreneurial", and "well-being" oriented

individuals. This attempt foundered because the essence of the respondents' identities refused to be confined in this way. My attempts at categorisation made it seem there was "something wrong with the data" when it would not fit, or with my questions when respondents' presentations appeared to change shape over the course of the interview hours.

The explanatory power of categorisation along "class" dimensions proved equally elusive. The narratives that accompanied respondents' self assigned social class positions showed only their eagerness to claim their ancestors' social justice concerns, and a recurrent ambiguity about the values and beliefs that accompanied these positions. Whilst somewhat more promising, gender was ultimately too blunt an instrument for differentiation. For example, there were clear differences amongst women at different stages in their professional and domestic life histories, and commonalties amongst men and women who had completed their child rearing responsibilities, that transcended simple gender stereotypes.

In Chapter Two (2.5.2), I discussed how postmodernists view identity as no longer a stable and relatively unitary construct, but frequently fragmentary, and at least multiple and discontinuous.

In the present research some of this multiplicity was conscious. Many respondents consciously used multiple professional titles, and were aware that their willingness to disclose their social work background was context dependent.

However, at other times their narratives pointed to inconsistencies and incompleteness in their internal self constructs. For example, several respondents emphasised their eagerness to remain accessible to poor clients, and their need to be eligible for third party payments to achieve this accessibility. Yet later in the interview these respondents might express the hope that they would one day be sufficiently established to no longer need to accept third party payments. This would free them from the constraints third parties placed on their work, and reflected the desire for autonomy that had prompted them to exit from agency employment (5.4.1, 7.3.6).

Pahl writes that we deal with the complexity of our lives by weaving multiple and mutually incompatible narratives. We engage in denial and in the deception of ourselves and others to maintain boundaries between these incompatibilities (Pahl, 1995), (2.5.2).

Sometimes these boundaries become unsustainable, and inconsistencies force themselves to consciousness. We may then adjust our identities. This happened for some respondents when they realised that, despite their overt rejection of the social work identity, they related most closely and frequently to social work colleagues (10.2).

Somers recommends that social scientists disrupt their propensity to rigidify identity through labelling and categorising, by incorporating the "categorically destabilising dimensions of *time*, *space*, and *relationality*" into its core conception. She seeks to emphasise the "... embeddedness of identity in overlapping networks of relations that shift over time and space." (Somers 1994: 606, 607).

Somers believes that people may narrate a sense of essential and inviolate being, and that this sense can yet be entirely different in another time or place or in the context of another set of prevailing narratives. This is possible because "... narrative identities are constituted and reconstituted *in time* and *over time*." (Somers 1994: 624).

She also stresses that, whilst there are multiple possible narratives, social, public, and cultural constraints, and the distribution of power ultimately limit these possibilities.

Many other theorists, including the aforementioned Gergen (1971, 1991), Giddens (1991), and Gubrium and Holstein (1995), have written about the recursive nature of identity construction, and have pointed out that that this process takes place in interaction between self, other, and environment (2.5.2). But Somers' emphasis on time, space, and relationality is particularly helpful to the current project, because she encourages me to withdraw at least some of my attention from the structures of identities, and to direct this towards the matrix in which identity construction takes place. I believe this change in emphasis provides a useful analytic tool, because it facilitates the consideration of all the social and, perhaps with an extension of Somers' intent, individual psychological influences on identity construction.

### **11.3 Socio-economic Factors and the Private Practice Identity**

As discussed in Chapter Three, since the 1980s the New Zealand government has moved away from interventionist Keynesian economic policies, towards a more liberal economic stance. This

change was prompted by the belief that in a more competitive environment, market forces will promote greater fiscal responsibility, and ultimately lead to greater material wealth.

As a result of the belief that interventionist policies were causing dependency on the state, the public welfare and health institutions that are the main employers of social workers became subject to massive restructuring.

A new discourse about people problems reflected the ideological changes that accompanied changing economic policies. The reasons for the unequal distribution of material, social, and physical welfare became personalised, and attributed to lack of motivation or education, rather than to social and institutionalised constraints. Personal responsibility became a catch-cry. This discourse challenged the validity of the systems oriented social work perspective, that considers people problems in the context of complex social relationships.

In Chapter Five (5.2.1.1), in their discussion of their motivations for leaving agency employment, respondents spoke of how commercialisation and restructuring changed public welfare, justice, and health services. Voluntary agencies were also not exempt from the drive to commercialisation; one respondent spoke of her astonishment when managers suggested all staff wear "corporate uniforms". New directions appeared to be driven by fiscal considerations, whilst well researched social programs that respondents were involved in might be stopped, apparently without consultation.

In the health sector, where almost half of the respondents were employed prior to their entry to private practice, restrictions on funding led to increasing competition amongst previously relatively co-operative professional groups. This highlighted the lack of status of social workers by comparison to other helping professions. To respondents' dismay, the medical model became increasingly more prominent, and dominant over the systems model that they favoured.

The medical model of diagnosis that psychologists, psychiatrists, nurses, and other health professionals traditionally employed was more congruent with the now dominant discourse. Increased competition for jurisdictional task areas ensured that social workers lost rights over diagnosis, inference, and treatment—tasks that disciplines had previously shared.

Respondents resented the ideological and technological proletarianisation of their work. They found their professional goals became debased, and they were delegated mundane tasks, such as "emptying beds", that served the functioning of superordinate professions in the organisations (2.3.2, 5.2.1.1).

Changes to traditional team structures may have been a management tactic designed to overthrow professional power bases. These changes certainly highlighted status differences, and exacerbated team relationship problems. As reported in Chapter Five, the respondents, who were frequently under enormous stress, tended to personalise such relationship problems. When they did this, they stopped analysing and working through problems from a systems perspective, and lost their most effective means of dealing with these issues (5.2.1.1, 5.2.1.2).

The loss of a sense of reward from their work, value conflicts, and loss of professional autonomy, led respondents to look for other work that would enable them to retain their professional self-concept.

Some respondents indicated that while they would once not have considered working outside the public system, the conflicts of the workplace were so great that they overcame their objections. Several respondents who had held strong views about publicly available health and welfare services, also recognised that their values had changed through contact with commercial ideas. They were now prepared to sell their services and might even enjoy the challenge of establishing and maintaining a viable business venture (4.3.3, 5.4.4).

The changing discourse about people problems and the new emphasis on self responsibility probably helped to promote counselling and therapeutic approaches to alleviating distress. Respondents also thought paying for such services had become more acceptable to the New Zealand public since the 1980s (4.3.3).

Social workers who had an interest in intra-psychic methods, perhaps developed through their contact with other professions in the mental health setting, now perceived an opportunity to practise these methods independently. The availability of third party payments for counselling through the Family Courts and the ACC enhanced this opportunity. Demand for counselling services increased at a rate that incumbent professions (often psychologists and psychotherapists)

were unable to meet, and social workers had developed skills in the area of family violence, relationship counselling, and assessments for sexual abuse. Furthermore, the first Family Court counsellor co-ordinator, established in Christchurch, was a social worker, and invited fellow social workers to undertake Family Court funded relationship counselling (4.3.2, 7.3.1).

Social workers who were new to private practice frequently sought to align themselves with more established professionals, and were often supervised by them. Over time, and because as Abbott (1988) suggests, the skills of counselling are relatively abstract and its successes difficult to evaluate, disciplines appeared to become interchangeable. Many respondents appeared to welcome becoming interchangeable with psychologists and other mental health professionals, but resisted it with respect to counsellors without prior qualifications. Abstraction and consequent interchangeability, particularly with psychologists, also occurred for organisational consultants.

As shown in Chapter Ten, more than a third of respondents were not members of NZASW. Those who were members often held or were seeking dual membership with NZAC or NZAP (10.5).

Respondents looked to these other associations, not only for status, but also for the applicability and specificity of their standards and codes of practice. Respondents thought NZASW appropriately concentrated its efforts on struggling social workers within the public welfare system. They did not generally expect the Association to be able to diversify its interests. However, this lack of applicability did appear to have caused a loosening of identification with the social work identity.

Despite respondents' growing self-identification with the incumbent private practice professions, respondents believed the public, referring agents, and fellow practitioners allocated them lower status because of their social work background. There appeared to be a division of jurisdictions, as suggested by Abbott (1988), by which practitioners with social work qualifications received fewer wealthy clients and charged lower fees (2.3.2, 7.3.6).

Bourdieu's concept of habitus that was introduced in Chapter Two, helps to explain the perpetuation of the subordination of social workers in private practice. In Chapter Six

respondents talked of how they had experienced disadvantages in the education system because they (through their families of origin) lacked the cultural skills of the dominant habitus (6.3). Their occupational choices and ambitions were constrained to those of the role models in their immediate environment. Thus they became teachers, nurses, full-time mothers, and, often in a later career move, social workers. As members of subordinate occupational groups they were prevented from acquiring the indeterminate skills that mark out the dominant professions in the private practice habitus. These dominant professions include medical practitioners, psychiatrists, and psychologists, and have in common a relatively medical and positivist discourse. This discourse not only accrues status, but provides a common language that structures patterns of interaction in hierarchical networks (Bourdieu & Passeron, 1990; Bourdieu & Wacquant, 1992; Harker, 1990), (2.3.3, 6.3).

Despite their avowed changing sense of identity, many respondents remained affiliated and drawn to other practitioners with a social work background, primarily to private practitioners with this background, but also to agency social workers. Reference to habitus, whereby people feel more at ease with others who are culturally similar, can explain this sense of enduring affiliation (10.2).

#### ***11.4 The De-politicisation of the Private Practice Identity***

Whilst private practitioners appeared to have more control over their work than organisational employees, the realities of working for third party payments limited autonomy. Third parties determined what kind of work was done (usually counselling), who could be helped (individual survivors of abuse or couples with relationship problems), and for how long this work could continue. In the case of work for ACC, bureaucratic requirements included frequent and lengthy reports that challenged the privileged nature of the worker-client relationship (8.2, 8.3).

Consequently the discourse of private practice was often individualistic in nature and attributed psychological causes, or at least micro-system origins, to people problems.

In Chapter Two I discussed Nancy Fraser's (1989) theory of needs talk, and the process by which needs are de-contextualised and re-contextualised by expert needs discourse. In the case of their work with sexual abuse survivors, for example, respondents directed their efforts to healing the



effects and symptoms of trauma, rather than to addressing the social structural causes of the abuse of power. Lorentzon (1990) warns that therapeutic "nurturance" may not be identified as power over clients, because it is wielded by woman dominated professions, and women are regarded as weak.

It was only when the most enduring social work beliefs were challenged, that respondents politicised their concerns by taking collective action. Even then, protests centred on the needs of individuals. An example of this occurred when ACC planned to seek DSM diagnoses on all victims of sexual abuse who sought counselling, and social workers were at the forefront of challenges to this labelling approach (8.3).

Larson (1977) points out that professions often shun collective action and politicising of social ills, in a misguided attempt to maintain specialist status. Specialist and compartmentalised approaches to problems obscure holistic analysis, and prevent professionals from acting in unison, thus keeping the professions subjugated to the owners and purveyors of capital (2.3.3).

In the case of counselling and psychotherapy, more than in agency social work, the dominant discourse discourages politicisation. Several respondents seemed to think that politicisation was a retrograde step, and inappropriate for counsellors and psychotherapists. There is a perception that psychotherapists should interpret political discussions that take place in the context of individual therapy as the "projection" of internal distress onto social events, although in reality this is rarely adhered to by individual practitioners.<sup>76</sup>

Furthermore, respondents who worked under contract to organisations or corporations, without security of tenure, depended on approval from the management of these organisations for their livelihoods. They might fear addressing structural ills if this might bring disfavour upon themselves. This issue affected organisational consultants as well as counsellors and

---

<sup>76</sup> International survey research (N=600) by Andrew Samuels indicates that in actuality 71% of psychotherapists who are practitioners of "traditional" psychotherapeutic modalities such as psychoanalysis, Jungian, and Humanist psychotherapies mentioned "... reality ... as depicting the practitioner's way of understanding and handling political material. ... this is a more 'political' profession than had been thought." (Samuels, 1993: 235). Samuels found political activity dropped off by half over time (Samuels, 1993: 259). The difference between the covert "private" treatment of political material and the overt public therapeutic discourse would appear to stifle the development of the political potential of the profession.

psychotherapists. For example, female organisational consultants spoke about how they moderated the expression of their views regarding racism and sexism, to achieve acceptance in the male corporate culture.

Thus, although respondents employed systems thinking to avoid labelling their clients, or blaming them for their fates, the range of options for intervention was severely restricted. In principle, respondents could have pursued the amelioration of structural ills separately from their therapeutic activities. However, most people did not do so because they needed to spend the available time earning a living, and because of the tiring nature of private practice work.

Some respondents were acutely aware of these limitations of private practice, but, in a pragmatic response to the context of their work, they often held their ideological conflicts in abeyance. They did this by no longer calling themselves social workers, or by avoiding thinking about the issues too deeply.

This was more difficult when faced with the hardship of individual clients, resulting in major difficulties with charging fees. The solution was a benevolent sliding scale of fees. Respondents resembled the significant others in their life histories in their concern to enable access to resources by the poor, and in their largely charitable solutions to inequality (6.2).

Rachel's comments reflected a common way of handling the ideological conflicts.

RACHEL: I guess the kind of increasing gap in New Zealand between rich and poor people impacts on me personally because I am one of the rich people—and I think that is part of my hopelessness about charging people sometimes, so I deal with that in a kind of ad hoc rather silly way.—...But really, I mean, to be truthful, I just cruise along. Even though I may feel sporadic discomfort about that it doesn't actually impact on my practice.

Thus, although respondents were originally motivated to enter private practice by a need to escape value conflicts, the move to private practice also affected their value systems, perhaps most profoundly in their engagement in political discourse and activism (10.3).

Respondents became removed from the interests and concerns of other social workers. Because they may eventually seek to return to organisational social work practice, this disengagement may become disadvantageous. Given that identities are relatively flexible, as suggested by postmodern theorists, political social work identities may be able to be narrated and restored relatively quickly if the work context demands it. However, if employment opportunities are scarce, a lack of up-to-date knowledge about political issues of concern to social workers may hinder re-deployment.

### ***11.5 Managing Multiple Identities and Conflicting Role Expectations***

Many of the respondents had reconstructed their professional identities during the transition to private practice, most commonly from primary professional identities as social workers, to counsellors, psychotherapists, or organisational consultants. As discussed in the previous chapter, changes in identity were accompanied by ideological changes and changes in the presentation of self, including dress and designation (7.3.2, 7.3.5).

However, the transformation of identity was not simply a developmental or linear process. Some respondents, who had apparently shed the social work identity, would return to agency social work when private practice seemed no longer viable. For most respondents there were conditions and contexts in which the social work identity emerged more strongly. Identity was clearly context dependent and multiple.

Multiple identities stood in dynamic relationship and competition with one another, and as such, professional identities were not able to be understood in isolation from respondents' identities as parents, partners, sports persons, and friends.

Common conflicts arose between respondents' professional identities and domestic and leisure identities. In the professional sphere there were also conflicts between entrepreneurial and helping identities, and entrepreneurial and feminist identities.

Conflicts arose in a context of competing discourses. Being a business person who needed to charge fees for work, and being a helping professional posed difficulties for many respondents.

Sometimes they drew boundaries around these identities by having a receptionist take the fee, or by allocating spaces to low fee paying clients. Most, however, had met with occasions where these identities struggled for supremacy, when a paying client lost his or her job, or was otherwise worried about finance (7.3.6).

Some respondents had hoped they would be able to allocate more time to leisure pursuits and sports. However, their leisure time often had to give way to work commitments, at least during the early days of private practice. During the establishment phase, respondents felt they needed to make themselves very available to clients. Their business identity was particularly prominent and "soaked up" time that they might previously have allocated to family, friends, and leisure interests (7.2.1.1, 8.4).

Free time was less inviolable than it had been in agency practice, and whilst respondents strove to banish the domestic from the professional, work often intruded on the domestic sphere. The telephone could become what Young and Willmott (1973) call a "means of trespass" of work into the home (in Finch, 1983: 29). In Chapter Eight Margaret commented on the effect of such intrusions on her social life, when clients in crisis telephoned during dinner parties (8.4).

The management of multiple identities was a problem particularly for women, who continued to face significant domestic responsibilities whilst engaged in professional practice.

Tom (1993) points out that researchers who investigate professional women's lives often ignore the significance of the domestic realm. She points out that dichotomisation of the public and domestic does not reflect the realities of women's lives and that "... women weave their lives into a pattern more complex than a dualistic model can capture." (Tom, 1993: 38).

When women work, they remain wife and mother, and the duties that accrue to those identities are considered to be separate from those of their involvement in income earning. This is in contrast to the responsibilities of husband and father; these can be met through "breadwinning" (Apter, 1993).

Several of the women I interviewed noted that their families complained about their pre-occupation with work, and did not fully support their efforts to meet their work commitments.

Several respondents said that their husbands worked equally long hours, but that they did not appear to register the unfairness of their criticisms. At least two male partners had cited the woman's move to self-employment, and her involvement with her work as a cause of marital disharmony and a reason for separation (8.4).

The expectations of the domestic sphere were particularly intensive for women with children (7.2.1.1, 7.2.3, 7.3.6, 8.4, 9.4). Almost all female respondents with small children worked from home, to facilitate child care. Their child care responsibilities affected their ability to participate in professional activities and this in turn affected their income potential. There was no woman whose partner took primary responsibility for child care to enable her to pursue full-time work. As Horna and Lupri (1987: 66) write: "No single family activity is as deeply embedded in traditional values and norms as child care, and no tasks are potentially more time consuming and onerous than those related to child-rearing."

When female respondents worked from home they were very accessible to both work and domestic demands. They were often acutely aware, and sometimes felt guilty, about the impact of the demands of one sphere on their ability to meet the demands of the other. They worried about the effect of their working on their children, and they felt concerned about the effect of visible domesticity on their professional profile.

Armstrong, in her study of home based teleworkers, points to the stigma of working from home, when domesticity and femininity are a threat to "... the articulation of intelligible entrepreneurship ..." (Armstrong, 1997: 364). She writes that the "ideal" worker is a disembodied worker who experiences a strong boundary between work and home identities.

In the private practice of counselling and psychotherapy the requirement to separate the domestic from the professional is overt. Practitioners generally keep their private lives concealed, and this may include information about their marital status and the existence of children. In times of personal distress, personal unhappiness must be set aside to listen to clients' stories. These boundaries are more difficult to maintain when children interrupt sessions, or partners refuse to modulate their rage. For the professional working from home, such incidents may tear the professional fabric, and cause embarrassment or shame.

As in Armstrong's research, my respondents constrained their children's use of the family home during working hours, and even outside these hours, when they might prevent their children from answering the telephone. Respondents used changes of clothes and closed doors to demarcate the private from the professional (7.2.1.1). The professional body was constrained from expressing its condition in tears of despair, hunger, or signs of exhaustion. This was illustrated by Lianne, who strove to juggle child care, breast-feeding, and corporate appointments, by vowing never again to go to a meeting when hungry and tired, lest she should reveal her vulnerability (7.3.2).

Women faced with multiple demands responded by juggling; adjusting work hours and subjugating their own needs and desires. There was often little time to make social connections, and isolation was a major problem. Armstrong (1997: 216) also speaks of female teleworkers "cutting back" on time for themselves as they struggle to meet demands.

The cost to both Armstrong's and my respondents was measured in loss of professional profile, isolation, guilt, and loss of income potential.<sup>77</sup>

Not only counsellors and psychotherapists working from home constrained their female selves. Female organisational consultants might hope to overcome the glass ceiling on income, but their entry into the masculine corporate world appeared to lead to conformity rather than innovation with respect to gender issues. Women wore corporate clothes, had "drinks with the boys", and were cautious about revealing their social work identity, primarily in an effort to secure contracts in spite of male prejudice (8.2).

Apter writes:

As women pursue their careers they feel that they are motivated by their own individual goals, needs and perspectives—yet in their workplace they often feel that they are in a hostile environment. Hence women often begin to do work on themselves—to monitor their own behaviour, to mask their femininity—not only in styles of dress, but also in tones of voice, in facial expressions, in laughter.

(Apter, 1993: 219)

---

<sup>77</sup> In 1991, full-time home-based professional women in New Zealand earned \$20,403, less than the median for all female workers at \$21,461 (Armstrong, 1997).

The insecurity of private practice may promote compliance, because there is no employment protection such as is offered by agency employment.

When women hope to achieve acceptance and success by means of self management and presentation, they may look forward to the time when they will be able to promote gender equality from a more powerful position. Unfortunately the effectiveness of this strategy is not well supported, and in the process of adapting to the masculine corporate world, women risk that their social work and feminist values will change to reduce conflict with their entrepreneurial and conformist behaviour (Rockeach, 1979a), (2.4.2).

Research suggests that, by contrast to women, men work the longest hours when they have dependent children (Moss & Brannen, 1987). But men who work are not considered to be taking time out from their paternal responsibilities.

As Armstrong notes:

The sense of guilt, of conflict and of 'failure' as entrepreneurs and mothers/wives that accompanied the women's narratives, were *absent* in the narratives of the men, where the men's single-minded focus on their work more often made them feel powerful and successful, rather than conflicted.

(Armstrong, 1997: 388)

Male respondents were better able to give undivided attention to work, and they were aided in the maintenance of the domestic and professional boundary by their partners, who might take care of the children or answer the telephone (7.2.1.1, 8.4). Finch (1983), who studied women's contribution to men's employment writes that, when men work from home, wives create the peaceful atmosphere needed for concentrated work. Although Finch's comments were made fifteen years ago, they continue to be valid.

For some male respondents in my research, the possibility of taking a more active part in child care was one of the bonuses of private practice work. In this they may have differed from the stereotypical male entrepreneur. They might take time off to coincide with school holidays, or

adapt their hours of work to spend time with their children (7.2.1.1). For most, however, the need to earn an income, and the demands of full-time private practice, limited their flexibility in this regard.

Backett (1987) conducted interviews with 22 middle-class families with two children, at least one of whom was a pre-schooler. She argues that notions of fairness provide a smoke-screen for continuing basic inequalities. When fathers are willing to help out when necessary, they retain the power of choice and are able to abdicate true responsibility. The mother's role continues to be taken for granted, whilst fathers will be considered in a positive light as long as they are willing, if the need is urgent, and have demonstrated this willingness on at least one occasion.

Mawson (1993) and Apter (1993) say that whilst many reasons have been posited for the persistence of gender inequalities in employment, including gender role socialisation, female psychology, and the structural constraints of the workplace, single cause theories are too simplistic to help us understand inequalities. We need to look at interlocking structures and take a systems perspective to understand what constrains women and how they participate in the construction of their lives.

Apter stresses that the structure is not purely oppressive, and many constraints arise out of women's desire to preserve what they value, including the provision of domestic and emotional services. The issue of change becomes a matter of questions and negotiations "... rather than a set of battle plans." (Apter, 1993: 21). "The ways in which they experience both love and work often pressure them into special female compromises which provide both satisfactions and conflicts." (Apter, 1993: 46).

Armstrong also points out that for her female teleworkers "... *both* elements were present and existed in tension; discourses of economic dependence and unequal responsibilities for domesticity were in circulation *at the same* time as discourses of autonomy and flexibility." (Armstrong, 1997: 383).

Certainly a few of my respondents stressed that they felt pleased to spend time at home with small children, and this was especially so for one respondent whose partner earned sufficient to support the family.



Nevertheless, child care does present a conflict for mothers of small children, particularly women in low paying positions such as those held by many female social workers. As a result, and because of the rigid division of domestic labour and the masculine culture of the workplace, women often do not remain in the professional work force once they have had their second child (Apter, 1993).

The interlocking structures that affect women's engagement in work include aspects of the workplace and of the home. As Armstrong stresses, it is not enough to point to workplace constraints as causal factors, when the attitudes of male partners to domestic labour and child care play a significant part in the constraints on women.

Gender issues not only affect women with major domestic responsibilities. When women are able to be successful in their work, they may evoke envy in their partners. Gutek (1993) cites research by Sekaran (1986) and by Heller and Philliber (1982) that suggests that women who earn more than their male partner may experience more marital stress. In response they often try not to be too successful.

Commentators have remarked on women's reluctance to criticise their partners (Brannen & Moss, 1987) or to point out workplace injustices (Colwill, 1993). Abbondanza and Dubé-Simard's (1982) research indicates that "... women striving to perceive their world as a just and fair place, compare their situation not to the situation of men in comparable positions, but to the condition of other, less fortunate women." (quoted in Colwill, 1993: 83). Colwill suggests that this may make it possible for women to "get on with" effective and competent work behaviour.

In my research many women expressed the stresses they experienced, but fewer criticised their partners (with notable exception of those who had separated), and almost no-one pointed to structural causes for the constraints that they faced.

After the pressures of agency social work, the private practitioner may perceive a freedom, because constraints now seem to be self chosen. There is an illusion that any day these voluntary choices can be reversed, needs can be acknowledged, and "temporary" compromises can be revoked. This perceived freedom, coupled with the insecurities of private practice contracts,

lack of collective power, and for some, poverty and isolation, may obscure structural inequalities from view.

The multi-causal nature of gender inequalities has implications for policy, and I will address these in section 11.7 of this chapter.

### ***11.6 From Marginality to Reflective Social Work Identities***

I discovered that the experience of marginality was common, pervasive, and enduring for many respondents. In Chapter Six I discussed how they traced their sense of "otherness" to experiences of immigration, ambiguities in their socio-economic status, lack of guidance in education, and childhood deprivations.

Respondents also frequently felt marginal to the dominant workplace culture. Some felt marginalised by the social work professional system, due to their interest in intra-psychic processes. More frequently they had decided to enter private practice because of a lack of ideological fit, relational disharmony, and lack of respect they felt in the agencies that employed them. Frequent changes consequent on restructuring accentuated this "lack of fit". Following restructuring and rationalisation of resources, previously co-operative inter-professional teams competed for dominance over occupational task areas. Social workers felt they had lost jurisdiction over both ideological and technological aspects of their role (5.2.1.1).

Guteck (1993) suggests that occupations in which women predominate (such as social work), are frequently undervalued and subject to social control. Atkinson and Delamont attribute this to the perceived failure of women to master the indeterminate skills that the dominant male professions consider relevant to the professional habitus (Atkinson & Delamont, 1990). Moreover, social workers who advocate for the needs of low status clients may become associated with the low status of their client group.

Many respondents believed they were ascribed low status by other professionals and the public, and that this was perpetuated by the media. They felt that this status was at odds with their qualifications and experience.

Respondents railed against the strictures on autonomy imposed by the institutions in which they worked. The desire to control the conditions of their work was a primary motivating factor for the transition to private practice.

Whilst all respondents wanted to be respected, they did not all feel hindered by their experience of marginality to the dominant habitus. As reported in Chapter Six, some respondents thought that feeling oneself to be an "outsider", on the interstices of habitus, was an essential part of being a good social worker, counsellor, or psychotherapist (6.5).

Bourdieu articulates this position as that of the reflexive social scientist (Bourdieu, 1990; Bourdieu & Wacquant, 1992). His theory of habitus suggests that those people whose parents have not passed on cultural capital, that is, the covert indeterminate skills of the dominant habitus, are disadvantaged in the education system. They become marginalised in low status jobs. However, there is an alternative position, apart from those of the disenfranchised or of the thoroughly acculturated, that Bourdieu believes social scientists and researchers should occupy. From this position, the field can be observed without "going native" (Harman, 1988).

Harman (1988), building on the work of Simmel (1908), Stonequist (1937), Schutz (1944), and Bourdieu (1977), suggests that marginality has become the norm in our multiplex society. His "modern stranger" employs his or her marginality consciously, to observe and reflect on the taken for granted, and map the "spaces in between" that constitute the boundaries of habitus (2.5.2).

Given my respondents' common experience of marginality, and its appearance as a core category in the analysis, it is necessary at this point in my discussion to explicate the contribution that I believe this concept can make to social work theory and practice.

Although some respondents appeared to have sought to escape or overcome their feeling of being an outsider, it may be more beneficial to accept and integrate the centrality of this condition. As a result of such integration, the benefits of marginality that are identified by Bourdieu and Harman above, can become available to the professional. This gives rise to the concept of the reflective practitioner.

The ability to reflect and observe would seem to be implied in social workers' systems perspective, but this is not always fully realised in practice. Furthermore, systems thinking does not clearly recognise practitioners' internal processes and feelings as integral to their analysis of systems, and to the formulation of plans for intervention.

Recently, social work theorists have elaborated the work of Schön (1983) to clarify the concept of the "reflective practitioner" and its contribution to social work practice (Fook, 1996; Gould, 1996). I will briefly discuss some of their ideas as they help illustrate my contentions.

Schön's (1983) theory of reflective practice developed out of his concern that some professions are accorded more status than others because they appear to be more heavily reliant on deductive reasoning. Schön argues that in fact most experienced professional practitioners rely on reflection-in-action and reflection-on-action to develop and amend practice theory inductively.

Schön's reflective practitioner sets a frame to solve a problem but remains open to the discovery of phenomena and information that are incongruent with this frame. Incongruence leads the practitioner to question and correct his or her theoretical hypotheses, and goals. The practitioner takes note of the values and norms to which he or she has given priority, lesser importance, and those that have been omitted altogether. Uncertainties, feelings, and intuition are included as potential sources of information and learning. Empathy is a source of understanding (Schön, 1983; Moffatt, 1996).<sup>78</sup>

Moffatt (1996) draws on Bourdieu and on Schön, when he recommends viewing the bureaucratic social welfare institution as a social field, based on a "patterned configuration of relationships". Writing about students and fieldwork education, Moffatt suggests that from their *marginalised* position students are well placed to analyse and understand "... the regulative principles and values that are promoted within the organisation ...", and how social workers struggle to preserve or change the boundaries and rules of this social field (Moffatt, 1996: 48).

Moffatt writes that "If the social work student investigates practice reflectively, he or she can

---

<sup>78</sup> The position of the reflective practitioner is not dissimilar to that of the (post-positive) intersubjective psychotherapist, who employs analysis of transference and countertransference to modify his or her understanding of the intersubjective field (Stolorow et al., 1983), (3.3).

experience a sense of agency even within the most constraining environment." (Moffatt, 1996: 51).

I believe that the conscious employment of reflectivity by social workers has the power to transform marginality from a negative status emblem to a positive and empowering mode of perception. The marginal position need no longer be repudiated, and instead lends impartiality and methodological rigour to the roles of mediator, analyst, manager, advisor, confidant, and researcher. This impartiality need not necessitate the loss of political passion, nor does it require a denial of feelings.

When the reflective position is proudly claimed, status may be enhanced. However, it also becomes less important to attain status within the dominant habitus, and thereby the dangers of accommodation and compliance are diminished. Innovation then becomes more possible, because when the practitioner is not bound by the need to adapt to the ways of the habitus, knowledge can be put together in new ways.

The benefits may include greater resilience for social workers in organisational practice, who now have a framework that helps externalise rather than personalise the consequences of organisational processes and restructuring. As a result some may be less inclined to exit to private practice.

Those who remain interested in private practice, and specifically in intra-psychic processes may be more willing to retain their social work identity when this provides them with clear benefits.

These benefits could include:

1. Improved integration of practitioners' personal history and experience of marginalisation, with their understanding of their professional lives and practice.
2. Recognition that the marginal perspective is significant to reflective professional social work practice.
3. Improved ability to articulate and explain the nature of reflective social work practice to professionals from other disciplines.
4. Reduced need for defensiveness and reactivity. Defensive behaviour may be associated with

"low status" occupations and reinforce negative public opinions of social workers. An improved sense of professional security may enable practitioners to deploy their energies more creatively and constructively.

5. Potential to utilise the ideas of reflective practice to develop a post-positive concept of transference and countertransference.<sup>79</sup> This concept could find application not only in work with individuals, but in the analysis of social and political systems (Samuels, 1993), (3.3).

Since my respondents identified the "systems perspective" as the most enduring of all the social work contributions to their practice, it would make sense to integrate the concept of the reflective practitioner into systems based practice theory.

Systems theory and Schön's theory of the reflective practitioner are meta-theories. Within the bounds of these meta-theories practitioners can employ and test other social and psychological theories and methodologies, specifically those that are compatible with post-positive and post-structural principles. According to the reflective practice model, the practitioner should not employ practice models haphazardly, but subject them to "frame analysis". Frame analysis refers to a process whereby theories are seen as providing alternative frames, from which practice can be reviewed and deconstructed. Theories remain open to a recursive process by which they are amended. Paradoxically, clear and consistent frames are important if this process is to be successfully applied (Schön, 1983: 313-314; Gould, 1996: 4).

The concept of reflectivity would seem to allow me to conclude my thesis on a positive note. It addresses the concerns about respect that emerged in respondents' stories, and allows integration of their experiences of marginality into a purposeful practice identity. It clarifies the potential benefits of retaining a social work identity for private practitioners, and the concept has practical application.

Unfortunately reflective marginality does not appear to be equally accessible to all practitioners. Those of my respondents who most easily articulated the benefits of this perspective were men

---

<sup>79</sup> In Chapter three (3.3) I defined the concepts of transference and countertransference, and explained how I employed these to overcome researcher subjectivity. Use of these ideas could enable social workers to monitor the impact of intra- and interpersonal factors in their decision making and intervention processes more fully and systematically.

in relative positions of advantage. They were well established as private practitioners, well qualified, and appeared to be financially secure. They were all respected in at least one professional occupation other than social work. Writers who articulate the benefits of marginality are academics and theoreticians, whose positions would also seem to be ones of relative privilege.

By contrast, the stresses inherent in the everyday existence of female practitioners who are juggling multiple roles may prevent them from adopting the reflective perspective. As Buono and Kamm (1983) write, the stress of the disadvantages that women encounter in the professional world may be too much for those who are also dealing with the extra role requirements of motherhood. They may therefore opt out of dealing with the challenges of marginality, (2.5.3). Parenting babies may also require and reinforce temporary immersion rather than reflective marginality. This is not a personal developmental failing on the part of these practitioners, but a consequence of contextual factors.

The reflective practitioner cannot be content then, with encouraging others to "elevate" or educate themselves to a similar position. Instead he or she must take a vigorous critical interest in the fate of those less advantaged, and encourage policy changes that challenge contextual inequalities.

### ***11.7 Implications for Policy and Development***

Addressing the policy implications of research is a moral undertaking; it applies value judgements, raises some social outcomes above others, and suggests that it is essentially good to strive for these better outcomes. This is not an objective or impartial stance, and is not without critics amongst social scientists, some of whom consider value judgements out of place in academic research.

By contrast, sociologist Steven Seidman (1994) expresses regret that, in their eagerness to claim scientific status for social ideas, and in order to attempt to receive public authority, social scientists have attempted to expunge values from their work. The accusation of being ideological has become a strategy for discrediting intellectual and social rivals. Despite this, moral commitments remain, albeit in unacknowledged forms. Seidman considers that social

science research should acknowledge that its legitimisation comes from its moral values and vision for a better society. Researchers should integrate their moral commitments as a deliberate part of their work and research.

This is perhaps even more appropriate to the social work profession, since social work emerged from and continues to be driven by a desire not only to understand, but above all to alleviate social suffering, and improve the quality of social lives.

There are three significant areas in which the results of my research would appear to have implications for policy. First I will address implications for the workplace, and the alleviation of work related stress. Next I will address implications for social work associations (specifically NZASW), and finally I will comment on the contribution educational institutions might make to the issues raised by social workers' transition into private practice.

### 11.7.1 Implications for the Workplace

The results of my research suggest that aversive workplace factors play a significant part in the move of social workers from salaried agency employment to private practice. If agencies are to retain their most qualified workers, they may need to attend to the issues raised by the respondents to this research.<sup>80</sup>

Prominent amongst these issues were the deleterious effects of the restructuring of public health and welfare, and voluntary social service organisations from the mid 1980s. These have also been documented by other researchers, including Manthei et al. (1994), and Templeman (1996). Ongoing restructuring appears to contravene much of what we know about the needs of employees in terms of stability, work satisfaction, and involvement in decision making.

---

<sup>80</sup> This section addresses the loss of workers from salaried agency employment to private practice and how this may be prevented. There are also potentially positive aspects to the move of social workers to private practice. These include the development of new employment opportunities for social workers. There may also be increased autonomy, status, and confidence for the profession. Such benefits to the wider profession are not yet apparent in New Zealand.



Researchers, social workers, and managers need to employ their knowledge, not only to assist the casualties of restructuring through individually targeted EAP schemes that can perpetuate the personalisation of problems, but through analysis and exposition of the costs of such large scale workplace overhauls. The concept of reflective frame analysis (Schön, 1983; Moffatt, 1996) may be an aid to developing a blue-print for change-management in organisations, whereby sweeping changes that are driven by linear economic theories could become a thing of the past.

Reflective social workers would also seem well qualified to assist organisations to examine workforce composition, career progress, and retention issues that affect not only women, but ethnic minorities, disabled, and other workers. Difficulties need to be researched and addressed in such a way that they do not implicate individuals. By employing independent reflective consultants, the dangers inherent in top-down, linear solutions that emerge from a dominant habitus oriented perspective may be avoided.

Frequently respondents complained that major workplace decisions were made by people without understanding of the aims and practice of social work. In this light it would seem important to discover why social work management is unattractive to some senior practitioners. A qualitative study of the aspects of this habitus that negatively affect its appeal may contribute to a change in social workers' attraction to this key occupational stratum. Although those who are exclusively interested in clinical practice would probably remain unlikely to seek management positions, an improved ratio of social work trained managers might lead to improved workplace conditions and levels of satisfaction.

Child care related factors featured strongly in women's move to private practice. Agencies may need to provide child care friendly workplaces, and, above all, flexible work schedules if they are to retain these workers. Some public health and welfare organisations provide six weeks paid parental leave, in addition to the twelve months unpaid leave allowance of the Parental Leave and Employment Protection Act 1987. Such provision may also aid retention.

However, as Lake and Lake (1976) stress, such issues cannot be ascribed to the workplace alone (2.4.3). Therefore, Mawson (1993) recommends taking a systems approach to workplace stress. She quotes Levi (1990) who describes work related stress as "... an outcome of interactive processes in the 'psycho-social occupational environment-stress-health system.' To reduce the

frequency and intensity of stressors emanating from this system, problem-solving must be primarily systems-oriented and interdisciplinary." (Mawson, 1993: 54).

Apter (1993) also recommends employing a systems perspective to examine the interlocking structures that affect women's working lives. Both theorists stress that not only workplace systems but domestic systems are implicated in the inequalities that emerge in the working lives of women. Whilst women remain responsible for the majority of domestic duties, they remain disadvantaged in terms of time, energy, and freedom to take up professional opportunities.

Thus, although women appear to be most disadvantaged in the workplace, it is essential to examine how men contribute to work problems, and how they are affected by these problems. Some of the men in my research enjoyed being able to increase their child care involvement once in private practice, and would presumably have welcomed more child-friendly organisational work-hours.

Gender inequalities in the home are profoundly difficult to legislate. Despite decades of feminist critique, women who work continue to do two jobs and social workers in my research and of my acquaintance are no exception to this. Mawson (1993) recommends that gender issues are addressed through workplace initiatives, by which men are helped to identify the costs of their employment driven existence. Clearly inequalities are deeply ingrained in our culture, and reinforced through media, education, and everyday discourse. Reflective social workers could alert themselves to the perpetuation of this discourse at all levels.

In the private practice arena, third parties constitute a "virtual" workplace for private practitioners. This workplace is often distant, and its "workforce" faceless, expendable, and replaceable. There is no sick-leave, and no guarantee of referrals. Particularly ACC (a significant third party payer in this research), places a heavy emphasis on overseeing and managing the members of the largely female workforce that counsels its claimants. Most recently a document was produced that outlined expectations for the supervisor to supervisee

relationship (ACC, 1998).<sup>81</sup> Lengthy reports are required in which treatment providers must not only provide a diagnosis, but a step by step treatment plan, revealing not only the "what" but the "how" of their work to case managers with varying levels of qualification. Interviews for my research suggested that these policies negatively affected the retention of experienced counsellors. They resented the diminution of their autonomy, and some had restricted or stopped their intake of ACC funded clients. Closer and independent investigation of the costs and benefits of these policies and requirements to claimants, counsellors, and the corporation may be beneficial.

Meetings of ACC with professional associations, commenced in 1996, were generally considered a positive step towards co-operation.

Social workers in private practice are frequently relieved, at least initially, to leave behind the difficulties that they encountered in their workplace employment. Following the early stages of their transition they may be able to lobby for workplace changes. They may do so through making their own experiences known, writing papers, or doing research. Those who work as organisational consultants may be able to make a significant contribution, provided they are able to engage in a systems analysis of organisational structures.

An interest in the concerns of agency employed social workers is prudent for private practitioners. First, the status of agency employed social workers did appear to affect the status of the private practitioners in my research. But perhaps most significantly, as suggested by Strom (1994) and supported by my research, private practice is not a terminal career phase. It is a career stage from which many return to paid employment, to face again any issues that were left unresolved (9.3).

In the two years following the completion of my research interviews, I have been told by not only social workers, but by many other counsellors and psychotherapists that they are concerned about low referral rates. An increasing number have returned to paid employment.

---

<sup>81</sup> The expectations outlined by the document relate to both the structure and content of the supervisory relationship. For example, it is expected that explicit contracts be established for supervision; that the supervisor can take unilateral or negotiated action where a breach of ethical codes has occurred or where client safety is compromised; and that supervision should address the supervisee's transference relationship with their clients, supervisor, and ACC.

Opportunities for organisational consultants would appear to remain, but few social workers are engaged in this work in Christchurch, the geographical area in which I undertook my research. It seems unlikely that the number of social workers in private practice will expand much further as third party payers retrench funding. Some practitioners are speaking of a "wave" back to salaried employment. If so the private practice of social work has been a relatively brief interlude in this country.

When private practitioners return to salaried employment they generally seek employment in traditional social work positions. It would seem wise then, to retain and maintain the social work identity, and to remain up-to-date on the policy and development issues that concern social workers.

#### 11.7.2 Implications for the New Zealand Association of Social Workers

There is no evidence that the New Zealand Social Work Association ever questioned the legitimacy of private practice. This may be in part because the first full-time private practitioner, Merv Hancock, was also a past president of the Association. Furthermore, public debate and dissent may be muted in this country, because due to its small population (approximately 3.6 million inhabitants) social workers often know each other, and must be able to work together. Disagreement is easily personalised, and could be costly in terms of career opportunities or relationships.

Respondents to the research generally approved of the generic competence procedures that were established in 1989. However, as discussed in Chapter Seven (7.3.4), at least some respondents thought the requirements for private practitioners should be more stringent. They recommended that social workers contemplating self employment should have engaged in a substantial period of post qualification supervised organisational practice.

As discussed in Chapter Four, as early as 1969, Hancock approached NZASW's Education and Training Committee and recommended it establish specific standards for private practice. Although a statement from the Committee's archives shows that it formulated such standards, these were never adopted.

Personal communications with a number of the Association's officials suggest that such specific standards could be difficult to implement, and it is feared that singling out private practitioners in this way would suggest that they are an elite group.

The guidelines provided by NZASW's Codes of Practice and Ethics appeared to lack specificity for private practitioners. Unlike NZASW, NZAP and NZAC's codes of ethics address the need for practitioners to recognise the limits of their competency and to refer when desirable. They emphasise the need to set fair fees that also give due regard to the client's ability to pay. They recommend "professional" advertising standards, and prohibit the soliciting of the clients of colleagues. Both NZAP and NZAC's codes address the need for practitioners not only to begin, but also to terminate services to clients in a suitable professional manner, thereby declaring the significance of the therapeutic relationship that is established between the practitioner and the client.

NZAC's Code of Ethics stipulates that the need for supervision does not decline with experience, and that this should take place at least fortnightly. By contrast, NZASW considers fortnightly supervision adequate after the first year of practice, and monthly supervision is considered acceptable for practitioners with more than five years experience. However, a significant number of private practitioners engage in long term therapy with clients, and transference and countertransference responses are likely to complicate their work. This and other stressful aspects of private practice would suggest more frequent supervision is essential for safe practice.

Because the current social work practice code does not address such private practice related issues, social workers may look to the codes of other associations for guidance. The omission of relevant standards such as these may suggest disinterest or lack of understanding, and this suggestion may help to erode the social work identity of private practitioners, and encourage their assimilation in other organisations. Furthermore, the failure to set appropriate standards allows third parties, specifically ACC, to justify its incursions into setting standards for professional practice, as demonstrated by their recently released supervision discussion document (ACC, 1998).

Social workers are perhaps most vulnerable to identity change during the first months and years of private practice. Theories of transition suggest that identity integration occurs following the

testing of options and a search for meaning during the encounter and adjustment phases of a transition. Support, and feedback from colleagues and supervisors are especially important during this time (Hopson & Adams, 1976; Nicholson, 1987), (2.4.3). NZASW's (1998) policy statement on supervision stipulates that all members are to be supervised by fellow NZASW members. This requirement may considerably enhance the likelihood that the social work identity will be retained in the transition to private practice, provided it occurs frequently enough. Furthermore, this requirement could encourage senior private practitioners to retain their membership in order that they may continue to supervise social workers.

However, some practitioners have expressed resentment that they have lost the option to choose who they will be supervised by, and feel that their ability to determine their supervisory needs has been disrespected. The policy may also be difficult to enforce in some geographical areas, where there are few supervising members of NZASW who are qualified in the speciality of the practitioner. Problems may also arise for social workers who seek dual membership with associations such as NZAP, that have competing requirements for weekly approved supervision during a training period that spans several years. Practitioners may seek to overcome these difficulties by engaging in monthly peer-supervision with fellow social workers, while they fulfil the weekly supervision requirement elsewhere.

### 11.7.3 Implications for Educational Institutions

Respondents were almost unanimous in their wish that social work educational institutions should introduce private practice issues into the curriculum. They were especially keen that there should be discussion about the pitfalls of private practice, such as isolation and burnout, and they thought the institutions should address the need for appropriate qualifications and practice experience.

Respondents were most commonly focused on the practice of psychotherapy and counselling, but some thought that the educational institutions could encourage social workers to explore more diverse employment opportunities, including case management, mediation, and organisational consultancy.

From the perspective of this research, it would also seem appropriate to assist students to reflect

on and debate the political, ideological, and identity issues that are raised by social workers' transition to private practice.

It would seem desirable to clearly and positively acknowledge social work's marginal position, and teach students to adopt the reflective practice perspective that has recently received attention from social work educators and researchers (Fook, 1996; Gould & Taylor, 1996).

The development of a reflective practice model may help clarify some of the currently unresolved impasses that are frequently expressed in dichotomies, such as macro versus micro, and private versus public practice. Although resolution seems unlikely, this may aid in generating greater understanding across these divisions.

Within the context of reflective and systems oriented social work, educational institutions may wish to provide or host some of the post-graduate courses in which respondents expressed interest. These may include courses in post-positive counselling or psychotherapy modalities. They may wish to encourage research into the development of the political psyche through individual psychotherapy, or any of a range of questions that may be considered compatible with a reflective social work stance.

Post graduate social work management training would seem particularly appropriate if we are to successfully dispel the generic management concept under which several respondents had suffered. Research may help identify why some senior social workers find the management role particularly unappealing. It is possible that a lack of management training is a factor in their dislike.

The skills of reflective organisational consultancy may be appropriate to teach at both an undergraduate and a post-graduate level. Some of these skills are essential to all social workers, since all come in contact with, and are subject to, the pressures of organisational structures.

Not all specialist training courses would need to be taught by academic staff. Organisational support, facilitation, and the provision of facilities after hours may be enough to associate the discipline with a range of appropriate educational opportunities.

## **11.8 Conclusion**

The purpose of this chapter was two-fold. First I wanted to recap some of the significant themes that had emerged from the research. The second purpose was to move beyond a descriptive and explanatory approach to the data, to a consideration of its implications for social work theory and practice.

To achieve both aims I required a framework that would be able to encompass a range of significant findings, and yet give a definite direction to the discussion. I found this framework in the concept of narrative identity, and Somers' suggestion that we destabilise our tendency to rigidify the concept of identity, by introducing the dimensions of time, space, and relationality into its core conception. This enabled me to address the context of respondents' transition to private practice, and the effects of this transition on their self-identification in a variety of life spheres.

First I reviewed the socio-economic changes that had affected respondents' experiences of organisational social work, and were at least in part responsible for their decision to move into private practice. These changes brought constraints to employment options, as well as opportunities for self-employment.

Following their transition to the private practice habitus, many respondents loosened their identification with the social work profession. Some no longer perceived that they were doing social work, and many felt concerned that the poor public perception of this identity could disadvantage them in the marketplace. The move to private practice and the loss of the social work identity resulted in a significant diminishment of political interest and activism.

Identities were not singular but multiple, and they exerted competing demands on respondents. Especially women experienced conflict between their professional and domestic identities. To manage their responsibilities, women who were also parents of young children might cut down on their own needs. As a consequence they frequently experienced isolation, reduced status, and economic disadvantages.

Marginality was a recurrent theme in respondents' narratives of their background histories, work



in salaried agency employment, and in their experiences of private practice. Bourdieu's (1977, 1990, 1992) reflexive observer, and Harman's (1988) "modern stranger", helped transform marginality from a low status indicator, to a position on the boundaries of habitus from which social scientists can investigate social fields. Schön (1983) developed the theory of reflective practice, and recently social workers have applied his thoughts to the fields of social work education and research. I suggested that the systems perspective could appropriately be extended to include the ideas of reflective practice. This would place more emphasis on the recursive interplay between the practitioners' inner experiences and beliefs and the systems that are subject to social work investigation and intervention.

Finally I addressed implications for policies relevant to workplace stress, social work associations, and educational institutions. In addressing these implications I drew on a systems based approach to the analysis of workplace problems, and explored the potential benefits of applying a reflective approach in the educational arena.

By employing reflectivity it may be possible to transcend dualistic conceptualisations of what it is to be a social worker. These dualisms are often expressed in terms of private *versus* public, micro *versus* macro, individual *versus* social or political. Instead the reflective systems perspective takes centre stage, and frame analysis is applied to theoretical and practice approaches. Whilst this does not resolve ethical arguments, individual practitioners may more easily deal with the ambivalence and uncertainty that such arguments can create, when they understand these as a necessary aspect of life on the margins of habitus.

## Bibliography

1. Welfare Policies Have 'Insidious Effect'. (1997 March 8). The Press, p. 5.
2. Aaron, H. J., Mann, T. E., & Taylor, T. (1994). Introduction. In H. J. Aaron, T. E. Mann, & T. Taylor (eds.), Values and Public Policy (pp. 1-15). Washington: The Brookings Institution.
3. Abbott, A. (1988). The System of Professions: An Essay on the Division of Expert Labour. Chicago; London: University of Chicago.
4. Abbott, P., & Wallace, C. (1990a). Social Work and Nursing: A History. In P. Abbott, & C. Wallace (eds.), The Sociology of the Caring Professions (pp. 10-28). Hampshire, UK; Bristol, USA: The Falmer Press.
5. Abbott, P., & Wallace, C. (1990b). The Sociology of the Caring Professions: An Introduction. In P. Abbott, & C. Wallace (eds.), The Sociology of the Caring Professions. Hampshire, UK; Bristol, USA: The Falmer Press.
6. Abell, N., & McDonell, J. R. (1990). Preparing for Practice: Motivations, Expectations and Aspirations of the M.S.W. Class of 1990. Journal of Social Work Education, 1, 57-64.
7. Abercrombie, N., Hill, S., & Turner, B. S. (1988). The Penguin Dictionary of Sociology (2<sup>nd</sup> ed.). London: Penguin.
8. Abramson, J. S., & Mizrahi, T. (1994). Examining Social Work/Physician Collaboration: An Application of Grounded Theory Methods. In C. K. Riessman (ed.), Qualitative Studies in Social Work Research (pp. 28-48). London: Sage.
9. Accident Compensation Corporation Sensitive Claims Unit. (1998). Expectations of Supervision of ACC Funded Counsellors. Wellington: ACC.
10. Alderfer C. P. (1969). An Empirical Test of a New Theory of Human Needs. Organisational Behaviour and Human Performance, 4.
11. Aldridge, M. (1996). Dragged to Market: Being a Profession in a Postmodern World. British Journal of Social Work, 26 (2), 177-194.
12. Alexander, M. P. (1987). Why Social Workers Enter Private Practice: A Study of Motivations and Attitudes. Journal of Independent Social Work, 1(3), 7-18.
13. Åmark, K. (1990). Open Cartels and Social Closures: Professional Strategies in Sweden. In M. Burrage, & R. Torstendahl (eds.), Professions in Theory and History: Rethinking the Study of the Professions (pp. 94-114). London: Sage.
14. American Psychiatric Association. (1987). Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> ed.), Washington: American Psychiatric Association.
15. Anderson, R., & Carter I. E. (1974). Human Behaviour in the Social Environment: A Social Systems Approach. Chicago: Adline.

16. Apter, T. (1993). Professional Progress: Why Women Still Don't Have Wives (2<sup>nd</sup> ed.). London: Macmillan.
17. Arber, S. (1993). The Research Process. In N. Gilbert (ed.), Researching Social Life (pp. 35-37). London; California: Sage.
18. Armstrong, N. L. J. d. F. (1997). Flexible Work and Disciplined Selves: Telework, Gender and Discourses of Subjectivity. Unpublished Doctoral Dissertation, Massey University, Palmerston North.
19. Atkinson, P., & Delamont, S. (1990). Professions and Powerlessness: Female Marginality in the Learned Occupations. The Sociological Review, 38(1), 90-110.
20. Aviram, U., & Katan, J. (1991). Professional Preferences of Social Workers: Prestige Scales of Populations, Services and Methods in Social Work. International Social Work, 34, 37-55.
21. Awatere, D. (1981). Maori Counselling. In F. Donnelly (ed.), A Time to Talk (pp. 198-202). Auckland: Allen and Unwin.
22. Axelrod, R. (1984). The Evolution of Co-operation. New York: Basic Books.
23. Backett, K. (1987). The Negotiation of Fatherhood. In C. Lewis, & M. O'Brien (eds.), Reassessing Fatherhood (pp. 74-90). London: Sage.
24. Banks, S. (1995). Ethics and Values in Social Work. London: Macmillan.
25. Barker, R. L. (1984). Social Work in Private Practice: Principles, Issues, and Dilemmas. Silver Spring, Maryland: NASW.
26. Barker, R. L. (1991a). Rebuttal to Harry Specht. Journal of Social Work Education, 27(2), 112-113.
27. Barker, R. L. (1991b). Should Training for Private Practice be a Central Component of Social Work Education? Yes! Journal of Social Work Education, 27(2), 102-107.
28. Barker, R. L. (1992). Social Work in Private Practice (2<sup>nd</sup> ed.). Silver Spring, Maryland: NASW.
29. Barretta-Herman, A. (1993). Development of Social Work in New Zealand: 1969-1988. Part II: Social work Professionalism. Social Work Review, V(5), 30-35.
30. Baskerville, M. A., & Durrant, P. (1996). Private Practice: A Social Work Option in New Zealand. Social Work Review, VIII(1), 14-19.
31. Beard, H., & Inglis, M. (Acting Principle Clinical Advisor & Principle Clinical Advisor ACC). (1996). Personal Communication, 18 March.

32. Beckman, S. (1990). Professionalisation: Borderline Authority and Autonomy in Work. M. Burrage, & R. Torstendahl (eds.), Professions in Theory and History: Rethinking the Study of the Professions (pp. 115-138). London: Sage.
33. Beddoe, L. (1993). Health Social Work—A Brave Survivor or a Victim? Social Work Review, 6(1), 30-31.
34. Bellah, R. N., Madsen, R., Sullivan W. M., Swidler, A., & Tipton, S. M. (1985). Habits of the Heart: Individualism and Commitment in American Life. Berkeley; London: University of California Press.
35. Billen, A. (1994 February 15). A Profession That Needs a Therapist. The Press, p. 16.
36. Black, P. N., Jeffreys, D., & Kennedy Hartley, E. (1993). Personal History of Psychosocial Trauma in the Early Life of Social Work and Business Students. Journal of Social Work Education, 29(2), 171-180.
37. Bogo, M., Michalski, J. H., & Roberts, R. (1995). Practice Interests and Self-Identification Among Social Work Students: Changes Over the Course of Graduate Social Work Education. Journal of Social Work Education, 31(2), 228-246.
38. Bogo, M., Raphael, D., & Roberts, R. (1993). Interests, Activities, and Self-Identification Among Social Work Students: Toward a Definition of Social Work Identity. Journal of Social Work Education, 29(3), 279-292.
39. Boud, D., & Knights, S. (1996). Course Design for Reflective Practice. In N. Gould, & I. Taylor (eds.), Reflective Learning for Social Work: Research, Theory and Practice (pp. 23-34). Vermont: Ashgate.
40. Bourdieu, P. (1977). Outline of a Theory of Practice. London; New York; Melbourne: Cambridge University Press.
41. Bourdieu, P. (1990). In Other Words: Essays Towards A Reflexive Sociology. Cambridge: Polity Press.
42. Bourdieu, P. & Passeron, J.-C. (1990). Reproduction in Education, Society and Culture (2<sup>nd</sup> ed.). London: Sage.
43. Bourdieu, P., & Wacquant, L. J. D. (1992). An Invitation to Reflexive Sociology. Chicago: University of Chicago.
44. Brannen, J., & Moss, P. (1987). Fathers in Dual-earner Households—Through Mothers' Eyes. In C. Lewis, & M. O'Brien (eds.), Reassessing Fatherhood (pp. 126-143). London: Sage.
45. Brante, T. (1990). Professional Types as a Strategy of Analysis. In M. Burrage, & R. Torstendahl (eds.), Professions in Theory and History: Rethinking the Study of the Professions (pp. 75-93). London: Sage.
46. Brown, P. (1990). Black Social Workers in Private Practice: Challenges and Dilemmas. Journal of Independent Social Work, 5(1), 53-67.

47. Brown, P., & Barker, R. (1995). Confronting the "Threat" of Private Practice: Challenges for Social Work Educators. Journal of Social Work Education, 31(1), 106-115.
48. Brunton, W. A. (1972). If Cows Could Fly. Australian and New Zealand Journal of Psychiatry, 6(1), 46-51.
49. Bryson, L. (1992). Welfare and the State: Who Benefits. Basingstoke: Macmillan.
50. Bunkle, P. (1991). The New Right and the Marginalisation of Women. Social Work Review, 4(2 & 3), 4-13.
51. Buono, A. F., & Kamm, J. B. (1983). Marginality and the Organizational Socialization of Female Managers. Human Relations, 36(12), 1125-1140.
52. Butler, A. C. (1990). A Reevaluation of Social Work Students' Career Interests. Journal of Social Work Education, 26(1), 45-56.
53. Butler, A. C. (1992). The Attractions of Private Practice. Journal of Social Work Education, 28(1), 47-60.
54. Caroff, P. (Reviewer). (1985). Review of: Social work in Private Practice: Principles, Issues, and Dilemmas by R. L. Barker (1984). Social Work, 30(6), 533.
55. Carroll, J. S., & Johnson, E. J. (1990). Decision Research: A Field Guide (Applied Social Research Methods Series No. 22). London: Sage.
56. Cheer, U. (1995). Social Policy Implications Arising From Legal Aspects of New Zealand's Latest Accident Compensation Scheme. Social Policy Journal of New Zealand, 5, 67-79.
57. Churchman, R. (1985). Going Back to Basics. The New Zealand Family Physician, 12, 77-79.
58. Churchman, R. (1986). Grasping the Nettle. The New Zealand Family Physician, 13, 37-40.
59. Churchman, R. (1986). Grasping the Nettle. The New Zealand Family Physician, 13, 121-123.
60. Collings, J. A., & Murray, P. J. (1996). Predictors of Stress Amongst Social Workers: An Empirical Study. The British Journal of Social Work, 26, 375-387.
61. Collins, R. (1990). Market Closure and the Conflict Theory of the Professions. In M. Burrage, & R. Torstendahl (eds.), Professions in Theory and History: Rethinking the Study of the Professions. London: Sage.
62. Colwill, N. L. (1993). Women in Management: Power and Powerlessness. B. C. Long, & S. E. Kahn (eds.), Women, Work, and Coping: A Multidisciplinary Approach to Workplace Stress (pp. 72-89). London: McGill-Queen's University.

63. Compton, B. R., & Galaway, B. (1994). Social Work Processes (5<sup>th</sup> ed.). Pacific Grove, California: Brooks/Cole.
64. Connor, P. E., & Becker, B. W. (1979). Values and the Organization: Suggestions for Research. In M. Rokeach (ed.), Understanding Human Values: Individual and Societal. New York: Macmillan.
65. Courtney, M. (1992). Psychiatric Social Workers and the Early Days of Private Practice. Social Service Review, 66(2), 199-214.
66. Craib, I. (1992). Modern Social Theory: From Parsons to Habermas (2<sup>nd</sup> ed.). New York: St. Martin's.
67. Cruikshank, J. (1990). Myth as a Framework for Life Stories: Athapaskan Women Making Sense of Social Change in Northern Canada. In R. Samuel, & P. Thompson (eds.), The Myths We Live By (pp. 174-183). London; New York: Routledge.
68. Dahrendorf, R. (1979). Life Chances. London: Weidenfeld and Nicolson.
69. Daniels, K. R. (1979a). Determining Priorities for the Development of Social Work Education in New Zealand. Social Work Education, 3(2), 20-23.
70. Daniels, K. R. (1979b). Prospects for Social Work Education in New Zealand. In K. R. Daniels, & D. J. McDonald (eds.), Prospects and Images: The 1979 Social Work Lectures. Christchurch: Department of Sociology, University of Canterbury.
71. Davies, M. (1991). Sociology and Social Work. A Misunderstood Relationship. In M. Davies (ed.), The Sociology of Social Work (pp. 1-13). London; New York: Routledge.
72. Derr, C. B., & Laurent, A. (1989). The Internal and External Career: A Theoretical and Cross-Cultural Perspective. In M. B. Arthur, D. T. Hall, & B. S. Lawrence (eds.), Handbook of Career Theory (pp. 454-471). New York: Cambridge University Press.
73. Dobson, M. J., & Kirk, R. C. (1980). Employment and Continuing Professional Education of New Zealand Psychologists. New Zealand Psychologist, 9(2), 49-55.
74. Dorfman, R. A. (1988). Clinical Social Work: The Development of a Discipline. In R. A. Dorfman (ed.), Paradigms of Clinical Social Work (pp. 3-24). New York: Brunner/Mazel.
75. Drucker, R. (1973). Low-Cost Social Work on a Private Practice Basis. Social Casework, 54(3), 147-153.
76. du Fresne, K. (1997 September 5). Counselling a Sofa-Case Qualification. Waikato Times.
77. Easton, B. (1997). The Commercialisation of New Zealand. Auckland: Auckland University Press.

78. Education and Training Committee NZASW. (1970, November). Report of Education and Training Committee for November Council: Item 17.
79. Education and Training Committee NZASW. (1971, May). Social work Private practice in New Zealand. Report of Education and Training Committee for National Council: Item 15, Appendix 1.
80. Elliott, P. (1972). The Sociology of the Professions. New York: Herder and Herder.
81. Ellis, G., & Wheeler, G. (1991). Women Managers: Success on Our Own Terms. Auckland: Penguin.
82. England, S. E. (1994). Modelling Theory from Fiction and Autobiography. In C. K. Riessman (ed.), Qualitative Studies in Social Work Research (pp. 190-213). London: Sage.
83. Enoch, Y. (1989). Change of Values During Socialization for a Profession: An Application of the Marginal Man Theory. Human Relations, 42(3), 219-239.
84. Erikson, E. H. (1959). Identity and the Life Cycle: Selected Papers. New York: International Universities Press.
85. Eskin, F. (1985). The Community Medicine Specialist as Manager: A Framework for Education & Training. Health Review, 5(1), 4-6.
86. Falck, H. S. (1990). Letter to the Editor. Social Work, 35(5), 480.
87. Farrell, A. D. (1989). Impact of Computers on Professional Practice: A Survey of Current Practices and Attitudes. Professional Psychology: Research and Practice, 20(3), 172-178.
88. Fawcett, B., & Featherston, B. (1997). Post-Modernism, Feminism and Social Work. Social Work Review, IX(1 & 2), 3-9.
89. Fearnley, H. (1990). Professional Indemnity Insurance for Psychologists. New Zealand Psychological Society Bulletin, 63, 5.
90. Fearnley, H. (1990). Working Party of Psychologists in Private Practice. New Zealand Psychological Society Bulletin, 63, 4.
91. Fearnley, H. (1990). Working Party of Psychologists in Private Practice. New Zealand Psychological Society Bulletin, 64, 5-8.
92. Fearnley, H. (1990). Working Party of Psychologists in Private Practice. New Zealand Psychological Society Bulletin, 65, 2.
93. Fielding, N. (1993). Qualitative Interviewing. In N. Gilbert (ed.), Researching Social Life (pp. 135-153). London; California: Sage.
94. Finch, J. (1983). Married to the Job: Wives' Incorporation in Men's Work. London: George Allen and Unwin.

95. Fischhoff, B. (1993). Values Elicitation: Is There Anything in There? In M. Hechter, L. Nadel, & R. E. Michod (eds.), The Origin of Values (pp. 187-214). New York: Aldine de Gruyter.
96. Fisher, C., & Prescott, M. (1995). Private Practice Handbook: Setting Up in Private Practice Curt Fisher and Associates and South Eastern Health Education Programs.
97. Flax, J. (1990). Thinking Fragments: Psychoanalysis, Feminism, & Postmodernism in the Contemporary West. Los Angeles; Oxford: University of California.
98. Fook, J. (1996). The Reflective Researcher: Developing a Reflective Approach to Practice. In J. Fook The Reflective Researcher: Social Workers' Theories of Practice Research (pp. 1-8). St. Leonards: Allen & Unwin.
99. Foucault, M. (1970). The Order of Things: An Archaeology of the Human Sciences. London: Tavistock Publications.
100. Foucault, M. (1973). The Birth of the Clinic: An Archaeology of Medical Perception. London: Tavistock Publications.
101. Foucault, M. (1978). The History of Sexuality, Volume 1: An Introduction. New York: Pantheon Books.
102. Foucault, M. (1980). Power/Knowledge: Selected Interviews and Other Writings, 1972-1977. C. Gordon (ed.). Brighton: Harvester Press.
103. France, D., & Elvidge, D. (1995). Personal Communication, 7 August.
104. Franklin, D. L. (1986). Mary Richmond and Jane Addams: From Moral Certainty to Rational Inquiry in Social Work Practice. Social Service Review, 60, 504-525.
105. Fraser, N. (1989). Unruly Practices: Power, Discourse and Gender in Contemporary Social Theory. Cambridge: Polity.
106. Freedberg, S. (1989). Self-Determination: Historical Perspectives and Effects on Current Practice. Social Work, 34(1), 33-38.
107. Freidson, E. (1986). Professional Powers. Chicago: University of Chicago.
108. Freidson, E. (1994). Professionalism Reborn: Theory, Prophecy, and Policy. Chicago: University of Chicago.
109. Fulcher, L., & Ainsworth, F. (1994). Child Welfare Abandoned? The Ideology and Economics of Contemporary Service Reform in New Zealand. Social Work Review, VI(5 & 6), 2-13.
110. Gair, S., & Thorpe, R. (1996). Helpers as Victims: Assaults on Women in Social Welfare Practice. In R. Thorpe & J. Irwin (eds.), Women and Violence (pp. 88-106). Sydney: Hale & Iremonger.
111. Galper, R. (1975). The Politics of Social Service. Englewood Cliffs: Prentice-Hall.



112. Gardiner, J. K. (1987). Self Psychology as Feminist Theory. Journal of Women in Culture and Society, 12(4), 761-780.
113. Gergen, K. J. (1971). The Concept of Self. New York; London: Holt, Rinehart and Winston.
114. Gergen, K. J. (1991). The Saturated Self: Dilemmas of Identity in Contemporary Life. USA: BasicBooks.
115. Germain, C. B. (1978). General-Systems Theory and Ego Psychology: An Ecological Perspective. Social Service Review, 52(4), 535-550.
116. Germain, C. B. (1980). Social Work Identity, Competence, and Autonomy: The Ecological Perspective. Social Work in Health Care, 6(1), 1-10.
117. Giddens, A. (1991). Modernity and Self-Identity: Self and Society in the Late Modern Age. Cambridge: Polity.
118. Gilbert, N. (1993). Research, Theory and Method. In N. Gilbert (ed.), Researching Social Life. London: Sage.
119. Gilbert, P. (1990). Changes: Rank, Status and Mood. In S. Fisher, & C. L. Cooper (eds.), On the Move: The Psychology of Change and Transition (pp. 33-52). New York; Brisbane: John Wiley and Sons.
120. Gilligan, C. (1982). In a Different Voice. Psychological Theory and Women's Development. London: Harvard University Press.
121. Glaser, B. G., & Strauss, A. L. (1968). The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago: Aldine and Atherton.
122. Glower, D., & Legge, K. (1981). Groups that Provide Specialist Services. In R. Payne, & C. L. Cooper (eds.), Groups at Work (pp. 59-93). New York; Brisbane: John Wiley & Sons.
123. Goode, W. J. (1969). The Theoretical Limits of Professionalization. In A. Etzioni (ed.), The Semi-Professions and Their Organisation: Teachers, Nurses, Social Workers (pp. 266-313). New York; London: Free Press.
124. Gould, N. (1996). Introduction: Social Work Education and the 'Crisis of the Professions'. In N. Gould, & I. Taylor (eds.), Reflective Learning for Social Work: Research, Theory and Practice (pp. 1-10). Vermont: Ashgate.
125. Gray, S. W. (1990). The Interplay of Social Work Licensure and Supervision: An Exploratory Study. The Clinical Supervisor, 8(1).
126. Gregg, R. (1994). Explorations of Pregnancy and Choice in a High-tech Age. In C. K. Riessman (ed.), Qualitative Studies in Social Work Research (pp. 49-66). London: Sage.
127. Greif, G. L. (1986). The Ecosystem Perspective 'Meets the Press'. Social Work, 31(3), 225-226.

128. Gubrium, J. F., & Holstein, J. A. (1995). Individual Agency, the Ordinary, and Postmodern Life. The Sociological Quarterly, 36(3), 555-570.
129. Gutek, B. A. (1993). Asymmetric Changes in Men's and Women's Roles. In B. C. Long, & S. E. Kahn (eds.), Women, Work, and Coping: A Multidisciplinary Approach to Workplace Stress (pp. 11-31). London: McGill-Queen's University.
130. Hadley, J. L. (1989). The Neurobiology of Motivational Systems. In J. D. Lichtenberg (ed.), Psychoanalysis and Motivation (pp. 337-372). London: Hillsdale.
131. Hall, B. L. (1981). Participatory Research, Popular Knowledge and Power: A Personal Reflection. Convergence, XIV(3), 6-17.
132. Hall, K. J. (1995). Beyond the Double Bind. Women and Leadership. New York; Oxford: Oxford University Press.
133. Hancock, M. (1969). Private Social Work Practice in New Zealand. The New Zealand Social Worker, 5(2), 5-13.
134. Hancock, M. (1972). Rona Frame Memorial Lecture. Who are Social Workers? Papers Presented at NZASW Biennial Conference (pp. 9-15). Christchurch: NZASW.
135. Hanson, J. G., & McCullagh, J. G. (1995). Career Choice Factors for BSW Students: A 10-year Perspective. Journal of Social Work Education, 31(1), 28-37.
136. Hardcastle, D. A., & Brownstein, C. D. (1989). Private Practitioners: Profile and Motivations for Independent Practice. Journal of Independent Social Work, 4(1), 7-18.
137. Harker, R., Mahar, C., & Wilkes, C. (1990). An Introduction to the Work of Pierre Bourdieu: The Practice of Theory. London: MacMillan.
138. Harman, L. D. (1988). The Modern Stranger: On Language and Membership. New York: Mouton de Gruyter.
139. Hartley, K. (1984). Why Contract Out. In Contracting Out in the Public Service (pp. 9-15). London: Royal Institute of Public Administration.
140. Hayes, J., & Hough, P. (1976). Career Transition as a Source of Identity Strain. In J. Adams, J. Hayes, & B. Hopson (eds.), Transition: Understanding and Managing Personal Change. London: Martin Robertson.
141. Heath, D. H. (1991). Fulfilling Lives: Paths to Maturity and Success. Oxford: Jossey—Bass.
142. Hechter, M. (1993). Values Research in the Social and Behavioral Sciences. In M. Hechter, L. Nadel, & R. E. Michod (eds.), The Origin of Values. New York: Aldine de Gruyter.
143. Hendricks, T. S. (1982). Toward a General Theory of Alienation. Sociological Inquiry, 52(3), 200-221.

144. Herzberg, F. (1966). Work and the Nature of Man. Cleveland: The World Publishing Company.
145. Hines, M. H. (1988). In the Field. How to Fail in Private Practice: 13 Easy steps. Journal of Counseling and Development, 67, 253-254.
146. Hogarth, R. (1987). Judgement and Choice (2<sup>nd</sup> ed.). New York; Brisbane: John Wiley & Sons.
147. Holland, M., & Boston, J. (1990). The Fourth Labour Government: Politics and Policy in New Zealand (2<sup>nd</sup> ed.). Auckland: Oxford University Press.
148. Hopkins, T. (1998). Personal Communication, 15 March.
149. Hopson, B., & Adams, J. (1976). Towards an Understanding of Transition: Defining some Boundaries of Transition Dynamics. In J. Adams, J. Hayes, & B. Hopson (eds.), Transition: Understanding and Managing Personal Change. London: Martin Robertson.
150. Horna, J., & Lupri, E. (1987). Fathers' Participation in Work, Family Life and Leisure: A Canadian Experience. In C. Lewis, & M. O'Brien (eds.), Reassessing Fatherhood (pp. 54-73). London: Sage.
151. Howe, D. (1991). The Family and the Therapist: Towards a Sociology of Social Work Method. In M. Davies (ed.), The Sociology of Social Work (pp. 147-162). London; New York: Routledge.
152. Howe, D. (1991). Knowledge, Power, and the Shape of Social Work Practice. In M. Davies (ed.), The Sociology of Social Work (pp. 202-220). London; New York: Routledge.
153. Hugman, R. (1991). Organization and Professionalism: The Social Work Agenda in the 1990s. The British Journal of Social Work, 21(3), 199-216.
154. Hunsley, J., & Lefebvre, M. (1990). A Survey of the Practices and Activities of Canadian Clinical Psychologists. Canadian Psychology/Psychologie Canadienne, 31(4), 350-358.
155. Hyde, C. (1994). Reflections on a Journey: A Research Story. In C. K. Riessman (ed.), Qualitative Studies in Social Work Research (pp. 169-189). London: Sage.
156. Hyden, M. (1994). Women Battering as a Marital Act: Interviewing and Analysis in Context. In C. K. Riessman (ed.), Qualitative Studies in Social Work Research. London: Sage.
157. Inman, D. J., & Bascue, L. O. (1983). Referral Sources of Psychologists in Private Practice. Psychological Reports, 52, 865-866.
158. International Labour Organisation. (1998). Press Release. (Report No. ILO/98/7).

159. Jamous, H., & Peloille, B. (1970). Changes in the French University-Hospital System. In J. A. Jackson (ed.), Professions and Professionalization (pp. 111-152). Cambridge: Cambridge University Press.
160. Jayaratne, S., Davis-Sacks, M. L., & Chess, W. A. (1991). Private Practice May Be Good For Your Health and Well-being. Social Work, 36(3), 224-229.
161. Johnson, T. J. (1972). Professions and Power. London: The Macmillan Press.
162. Jordan, B. (1985). The Identity of Social Work. The Identity of Social Work (pp. 1-9). Queensland: Department of Social Work, University of Queensland.
163. Karger, H. J. (1990). Private Practice and Social Work: A Response. Social Work, 35(5), 479.
164. Kelley, P., & Alexander, P. (1985). Part-Time Private Practice: Practical and Ethical Considerations. Social Work, 30(3) 254-258.
165. Kelley, P., Alexander, P., & Cullinane, M. A. (1986). Ethical Issues in Private Practice. Journal of Independent Social Work, 1(2), 5-17.
166. Kraus, S. J. (Reviewer). (1992). Review of: Social work in Private Practice: Principles, Issues, and Dilemmas by R. L. Barker (1992). Social Work, 37(5), 473.
167. Kurzman, P. A. (1976). Private Practice as a Social Work Function. Social Work, 21(5), 363-368.
168. Lackie, B. (1983). The Families of Origin of Social Workers. Clinical Social Work Journal, 11, 309-322.
169. Lake, D. G., & Lake, G. S. (1976). Life Styles: Their Diagnosis and Change. In J. Adams, J. Hayes, & B. Hopson (eds.), Transition: Understanding and Managing Personal Change. London: Martin Robertson.
170. Larbalestier, J. (1996). Symbolic Violence: Reflections on the Violence of Representation in Social and Welfare Work. In R. Thorpe & J. Irwin (eds.), Women and Violence (pp. 19-31). Sydney: Hale & Iremonger.
171. Larson, M. S. (1977). The Rise of Professionalism: A Sociological Analysis. London: University of California Press.
172. Latack, J. C. (1989). Work, Stress, and Careers: A Preventive Approach to Maintaining Organizational Health. In M. B. Arthur, D. T. Hall, & B. S. Lawrence (eds.), Handbook of Career Theory (pp. 252-274). New York: Cambridge University Press.
173. Leighninger, R. D. (1977). Systems Theory and Social Work: A Reexamination. Journal of Education for Social Work, 13(3), 44-49.
174. Leonard, P. (1975). Towards a paradigm for Radical Practice. In R. Bailey, & M. Brake (eds.), Radical Social Work. London: Edward Arnold.

175. Levin, A. M. (1976). Private Practice is Alive and Well. Social Work, 21(5), 356-363.
176. Levin, R., & Leginsky, P. (1990). The Independent Social Worker as Entrepreneur. Journal of Independent Social Work, 5(1), 89-99.
177. Lewis, G. J., Greenburg, S. L., & Hatch, D. B. (1988). Peer Consultation Groups for Psychologists in Private Practice: A National Survey. Professional Psychology: Research and Practice, 19(1), 81-86.
178. Lichtenberg, J. D. (1989). Psychoanalysis and Motivation. London: Hillsdale.
179. Lindsay, R. (1989). Student Graduate Survey—University of Western Australia 1982-1986. Australian Social Work, 42(2), 27-34.
180. Lorentzon, M. (1990). Professional Status and Managerial Tasks: Feminine Service Ideology in British Nursing and Social Work. In P. Abbott, & C. Wallace (eds.), The Sociology of the Caring Professions (pp. 53-66). Hampshire, UK; Bristol, USA: The Falmer Press.
181. Lyons, K., La Valle, I., & Grimwood, C. (1995). Career Patterns of Qualified Social Workers: Discussion of a Recent Survey. The British Journal of Social Work, 25, 173-190.
182. Macdonald K. M. (1995). The Sociology of the Professions. London; Thousand Oaks, California: Sage.
183. Manchester, R., & Manchester, B. (1996). Notes Towards a History: A Chronology of the First Fifty Years 1947-1997. Wellington: NZAP.
184. Mandler, G. (1993). Approaches to a Psychology of Value. In M. Hechter, L. Nadel, & R. E. Michod (eds.), The Origin of Values. New York: Aldine de Gruyter.
185. Manthei, R., Rich, P., Agee, M., Monk, G., Miller, J., Bunce, J., Webb, S., & Hermansson, G. (1994). 'Being in Control': A Survey of Counsellors Who Have Moved Into Private Practice. New Zealand Journal of Counselling, 16(2), 14-31.
186. Marshall, J. (1989). Re-visioning Career Concepts: A Feminist Invitation. In M. B. Arthur, D. T. Hall, & B. S. Lawrence (eds.), Handbook of Career Theory (pp. 275-291). New York: Cambridge University Press.
187. Martin, E. W. (1992). Themes in a History of the Social Work Profession. International Social Work, 35, 327-345.
188. Maslow, A. (1954). Motivation and Personality. New York: Harper and Row.
189. Matorin, S., Rosenberg, B., Levitt, M., & Rosenblum, S. (1987). Private Practice in Social Work: Readiness and Opportunity. Social Casework: The Journal of Contemporary Social Work, 68(1), 31-37.
190. Mawson, D. L. (1993). Implications for Employment Intervention and Policy. In B. C. Long, & S. E. Kahn (eds.), Women, Work, and Coping: A Multidisciplinary

Approach to Workplace Stress (pp. 51-69). London: McGill-Queen's University.

191. McClelland D.C. (1961). The Achieving Society. Princeton, New Jersey: D. Van Nostrand.
192. McDonald, D. J. (1998). Social Work in Aotearoa New Zealand: An Introduction. Auckland: Longman.
193. McDonough, E. (1997). Personal Communication, 25 June.
194. McGuire, T. G., Gurin, A., Frisman, L. K., Kane, V. L., & Shatkin, B. F. (1984). Vendorship and Social Work in Massachusetts. Social Service Review, 58(3), 373-383.
195. McNeil, K. (1998 April 2). Miracle More Did Not Die—Stent. The Press, p. 1.
196. Meares, R., & Grose, D. (1978). On Depersonalisation in Adolescence: A Consideration from the Viewpoint of Habituation and "Identity". British Journal of Medical Psychology, 51, 335-342.
197. Meduna, V. (1998 March 27). Does it Pay to Have Children? The Press, p. 5.
198. Mendes, P. (Social Policy Officer AASW Victoria Branch). (1997). Personal Communication, 3 July.
199. Miller, J. H. (1994). Professionalisation in Counselling: Are We in Danger of Losing Our Way? New Zealand Journal of Counselling, 16(2), 7-13.
200. Millerson G. (1964). The Qualifying Associations. London: Routledge.
201. Mishne, J. M. (1982). The Missing System in Social Work's Application of Systems Theory. Social Casework, 63(9), 547-553.
202. Moffatt, K. (1996). Teaching Social Work as a Reflective Process. In N. Gould, & I. Taylor (eds.), Reflective Learning for Social Work: Research, Theory and Practice (pp. 47-61). Vermont: Ashgate.
203. Moldawsky, S. (1990). Is Solo Practice Really Dead? American Psychologist, 45(4), 544-546.
204. Morgan, G. (1986). Images of Organization. Beverly Hills: Sage.
205. Morris, R. (1974). The Place of Social Work in the Human Services. Social Work, 19(5), 519-531.
206. Moss, P., & Brannen, J. (1987). Fathers and Employment. In C. Lewis, & M. O'Brien (eds.), Reassessing Fatherhood (pp. 36-53). London: Sage.
207. Munn, P., & Kennedy, M. (1994). Consultancy Work: An Option for Social Work Towards the 21st Century. Australian Social Work, 47(1), 11-14.

208. Munson, C. E. (1976). Professional Autonomy and Social Work Supervision. Journal of Education in Social Work, 12(3), 95-101.
209. Nanavatty, M. C. (1995). Social Change and Social Action: An Emerging Myth of the Profession of Social Work. Asia Pacific Journal of Social Work, 5(2), 75-87.
210. Nash, M. (1997). Who Drives Social Work Education in New Zealand? Social Work Review, IX(4), 14-19.
211. New Zealand Public Service Association. (1980). Contracting Out in New Zealand. Wellington: New Zealand Public Service Association.
212. New Zealand. Statistics New Zealand. (1996). Census 96: Make Sure You Count. Wellington: Statistics New Zealand.
213. Nga Haeata Matuaranga, NZMoE. (1997). Annual Report on Maori Education 1996/97. Including a Statistical Profile of Maori Participation and Achievement in Education, and Direction for 1998. Wellington: New Zealand Ministry of Education.
214. Nicholson, N. (1984). A Theory of Work Role Transitions. Administrative Science Quarterly, 29, 172-191.
215. Nicholson, N. (1987). The Transition Cycle: A Conceptual Framework for the Analysis of Change and Human Resources Management. In K. M. Rowland and G. R. Ferris (eds.), Research in Personnel and Human Resources Management: The Psychology of Change and Transition (pp. 83-108). New York; Brisbane: John Wiley and Sons.
216. Nicholson, N. (1990). The Transition Cycle: Causes, Outcomes, Processes and Forms. In S. Fisher, & C. L. Cooper (eds.), On the Move: The Psychology of Change and Transition (pp. 83-108). New York; Brisbane: John Wiley and Sons.
217. Nicholson, N., & West, M. A. (1988). Managerial Job Change: Men and Women in Transition. Cambridge: Cambridge University Press.
218. Nicholson, N., & West, M. A. (1989). Transitions, Work Histories, and Careers. In M. B. Arthur, D. T. Hall, & B. S. Lawrence (eds.), Handbook of Career Theory (pp. 181-201). New York: Cambridge University Press.
219. NZASW National Executive. (1990). NZASW News: A National Executive Update. New Zealand Social Work Review, 2(4), 23-24.
220. Ontario Association of Professional Social Workers. (1994). Generating Your Own Employment: An Introductory Handbook for Social Workers on developing an Independent Practice (Draft). Ontario: OAPSW.
221. Opie, A. (1992). There is Nobody There: Community Care of Confused Older People. Auckland; New York: Oxford University Press.
222. Orbach, S. E. L. (1987). Bittersweet: Facing up to Feelings of Love, Envy and Competition in Women's Friendships. London; Auckland: Century Hutchinson.

223. Over, R., Parry, A., Geddes, J., & Levens, M. (1985). Psychologists in Private Practice in Victoria. Australian Psychologist, 20(3), 239-250.
224. Pahl, R. (1995). After Success: Fin-de-Siecle Anxiety and Identity. Cambridge: Polity Press.
225. Parry N., & Parry J. (1976). The Rise of the Medical Profession: A Study of Collective Social Mobility. London: Croom Helm.
226. Passerini, L. (1990). Mythbiography in Oral History. In R. Samuel, & P. Thompson (eds.), The Myths We Live By (pp. 49-60). London; New York: Routledge.
227. Paterson, K. (1993). Life in a Clinical Diploma Course. In Cultural Justice and Ethics. Proceedings of a Symposium Held at the Annual Conference of the New Zealand Psychological Society (pp. 57-61). Wellington: University of Victoria.
228. Paton, I. E. M. (1990). Perils and Pleasures of Private Practice. In J. J. Small, & T. Ambrose (eds.), Counselling and Guidance Towards the Nineties (pp. 128-131). Palmerston North, New Zealand: NZ Counselling and Guidance Association.
229. Payne, M. S. (1991). Modern Social Work Theory: A Critical Introduction. London: Macmillan.
230. Pearson, G. (1975a). Making Social Workers: Bad promises and Good Omens. In R. Bailey, & M. Brake (eds.), Radical Social Work. London: Edward Arnold.
231. Pearson, G. (1975b). The Deviant Imagination: Psychiatry, Social Work and Social Change. London: Macmillan.
232. Peneff, J. (1990). Myths in Life Stories. In R. Samuel, & P. Thompson (eds.), The Myths We Live By (pp. 36-48). London, New York: Routledge.
233. Perlman, F. T. (1995). The Professional Identity of the Social Work—Psychoanalyst: Professional Affiliations and Future Prospects. Journal of Analytic Social Work, 2(4) 31-87.
234. Pettit, P. M. (1997). Personal Communication, 30 June.
235. Phillips, J. (1996). A Man's Country?: The Image of the Pakeha Male—A History (revised ed.). Auckland: Penguin Books.
236. Phillips, J. (1990). When Women Mean Business. A Guide for Women to Getting Started. Auckland: Penguin.
237. Pincus, A., & Minahan, A. (1973). Social Work Practice: Model and Method. Itasca, Illinois: F. E. Peacock.
238. Place, H. (1981). Women in Management. A New Zealand Study. Auckland: Motivation-Inc.
239. Pratt, J. (1990). The Future of the Probation Service in New Zealand. Australian and New Zealand Journal of Criminology, 23, 105-116.



240. Prochaska, J. (1978). Private Practice May Benefit Voluntary Agencies. Social Casework, 59(6) 374-375.
241. Reamer, F. G. (1991). From the Editor. Journal of Social Work Education, 27(2), 99-101.
242. Reamer, F. G. (1995). Social Work Values and Ethics. New York: Columbia University Press.
243. Reinharz, S. (1992). Feminist Methods in Social Research. Oxford; New York; Auckland: Oxford University Press.
244. Reinharz, S. (1979). On Becoming a Social Scientist. San Francisco; London: Jossey—Bass.
245. Rew, L. (1988). Selling my Private Practice: When Less is More. Journal of Counseling and Development, 67, 122.
246. Rhodes, M. L. (1992). Social Work Challenges: The Boundaries of Ethics. Families in Society: The Journal of Contemporary Human Services, 73(1), 40-47.
247. Richmond, M. E. (1917). Social Diagnosis. New York: The Free Press.
248. Riessman, C. K. (1994a). Grounded Theory and Health. In C. K. Riessman (ed.), Qualitative Studies in Social Work Research (pp. 1-4). London: Sage.
249. Riessman, C. K. (1994b). Narrative Approaches to Trauma. In C. K. Riessman (ed.), Qualitative Studies in Social Work Research (pp. 67-71). London: Sage.
250. Riessman, C. K. (1994c). Preface: Making Room for Diversity in Social Work Research. In C. K. Riessman (ed.), Qualitative Studies in Social Work Research (p. vii-xx). London: Sage.
251. Riessman, C. K. (1994d). Subjectivity Matters: The Positioned Investigator. In C. K. Riessman (ed.), Qualitative Studies in Social Work Research (pp. 133-138). London: Sage.
252. Rix, C. (1984). Contracting Out: Contract Management. In Contracting Out in the Public Service (pp. 33-38). London: Royal Institute of Public Administration.
253. Rochford, M. W., & Robb, M. J. (1981). People in the Social Services: A New Zealand Survey. Wellington: New Zealand Social Work Training Council.
254. Rodgers, D. T. (1978). The Work Ethic in Industrial America 1850-1920. Chicago: University of Chicago Press.
255. Rodway, M. R. & Trute, B. (1993). Ecological Family Therapy. In M. R. Rodway & B. Trute (eds.), The Ecological Perspective in Family-Centred Therapy. Lewiston, New York: Edwin Mellen Press.
256. Rokeach, M. (1979a). Introduction. In M. Rokeach (ed.), Understanding Human Values: Individual and Societal. New York: Macmillan.

257. Rokeach, M. (1979b). Long-Term Value Change Initiated by Computer Feedback. In M. Rokeach (ed.), Understanding Human Values: Individual and Societal. New York: Macmillan.
258. Roper, B., & Rudd, C. (1993). State & Economy in New Zealand. Auckland: Oxford University Press.
259. Rosenman, L. (1989). Privatisation of Social Welfare Services and Social Work Practice: An Overview of the Issues. Australian Social Work, 42(4), 5-10.
260. Rossiter, A. B. (1996). Finding Meaning for Social Work in Transitional Times: Reflections on Change. In N. Gould, & I. Taylor (eds.), Reflective Learning for Social Work: Research, Theory and Practice (pp. 141-151). Vermont: Ashgate.
261. Rubin, A., & Johnson, H. J. (1984). Direct Practice Interest of Entering MSW Students. Journal of Education for Social Work, 20, 5-16.
262. Rudman, R. (1991). Human Resources Management in New Zealand: Contexts and Processes. Auckland: Longman Paul.
263. Ryan, K., & Denz-Penhey, H. (1996). Qualitative Research in Medical Practice. The New Zealand Medical Journal, 109(1018), 87-88.
264. Samuel, R., & Thompson, P. (1990). Introduction. In R. Samuel, & P. Thompson (eds.), The Myths We Live By. London; New York: Routledge.
265. Samuels, A. (1993). The Political Psyche. London; New York: Routledge.
266. Samuels, A. (1995). Pluralism and Psychotherapy. Australian Journal of Psychotherapy, 14(1 & 2), 31-44.
267. Saxton, P. M. (1988). Vendorship for Social Work: Observations on the Maturation of the Profession. Social Work, 33(3), 197-201.
268. Schön, D. A. (1983). The Reflective Practitioner. New York: Basic Books.
269. Scott, S. (1984). The Personable and the Powerful: Gender and Status in Sociological Research. In C. Bell, & H. Roberts (eds.), Social Researching: Politics, Problems, Practice (pp. 165-178). London; Melbourne: Routledge and Kegan Paul.
270. Scott, W. R. (1969). Professional Employees in a Bureaucratic Structure: Social Work. In A. Etzioni (ed.), The Semi-Professions and Their Organisation: Teachers, Nurses, Social Workers. New York; London: Free Press.
271. Segura, D. A. (1986). Chicana and Mexican Immigrant Women at Work: The Impact of Class, Race and Gender on Occupational Mobility. Gender and Society, 3(1), 37-52.
272. Seidman, S. (1994). Contested Knowledge: Social Theory in the Postmodern Era. Cambridge, Massachusetts; Oxford: Blackwell.

273. Seiz, R. C. (1992). Should Training for Private Practice Be a Central Component of Social Work Education—Response. Journal of Social Work Education, 28(1), 122-123.
274. Selander, S. (1990). Associative Strategies in the Process of Professionalization: Professional Strategies and Scientification of Occupations. In M. Burrage, & R. Torstendahl (eds.), Professions in Theory and History: Rethinking the Study of the Professions (pp. 139-150). London: Sage.
275. Sheppard, M. (1990). Social Work and Community Psychiatric Nursing. In P. Abbott, & C. Wallace (eds.), The Sociology of the Caring Professions (pp. 67-89). Hampshire, UK; Bristol, USA: The Falmer Press.
276. Sibeon, R. (1990). Social Work Knowledge, Social Actors, and Deprofessionalisation. In P. Abbott, & C. Wallace (eds.), The Sociology of the Caring Professions (pp. 90-111). Hampshire, UK; Bristol, USA: The Falmer Press.
277. Sibeon, R. (1991). The Construction of a Contemporary Sociology of Social Work. In M. Davies (ed.), The Sociology of Social Work (pp. 17-67). London; New York: Routledge.
278. Siegrist, H. (1990). Professionalization as a Process: Patterns, Progression and Discontinuity. In M. Burrage, & R. Torstendahl (eds.), Professions in Theory and History: Rethinking the Study of the Professions (pp. 177-202). London: Sage.
279. Simmel, G. (1908). The Stranger. In D. N. Levine (ed.), On Individuality and Social Forms: Selected Writings. Chicago; London: University of Chicago Press.
280. Simpson, R. L., & Harper Simpson, I. (1969). Women and Bureaucracy in the Semi-Professions. In A. Etzioni (ed.), The Semi-Professions and Their Organisation: Teachers, Nurses, Social Workers (pp. 196-265). New York; London: Free Press.
281. Simsarian, F. P. (1992). Should Training for Private Practice Be a Central Component of Social Work Education—Response. Journal of Social Work Education, 28(1), 123.
282. Sloan, T. S. (1987). Deciding: Self Deception in Life Choices. New York; London: Methuen.
283. Small, J. J. (1984). Counselling and Guidance in New Zealand. International Journal for the Advancement of Counselling, 7(2), 113-118.
284. Smith, N. H. (1996). Contingency and Self-identity: Taylor's Hermeneutics Versus Rorty's Postmodernism. Theory Culture and Society, 13, 105-120.
285. Snyder, M. (1986). Public Appearances/Private Realities. New York: W. H. Freeman and Company.
286. Somers, M. R. (1994). The Narrative Constitution of Identity: A Relational and Network Approach. Theory and Society, 23, 605-649.

287. Specht, H. (1991). Rebuttal to Robert L. Barker. Journal of Social Work Education, 27(2), 111-112.
288. Specht, H. (1991). Should Training for Private Practice Be a Central Component of Social Work Education? No! Journal of Social Work Education, 27(2), 102-107.
289. Statham, D. (1978). Radicals in Social Work. London: Routledge & Kegan Paul.
290. St George, R. (1990). Legacies of Empire for Psychology in New Zealand. Journal of the History of Behavioral Sciences, 26(4), 359-365.
291. Still, L. V. (1990). Enterprising Women. Sydney; Wellington; London: Allen & Unwin.
292. Stolorow, R. D., Brandchaft, B., & Atwood, G. (1983). Intersubjectivity in Psychoanalytic Treatment: With Special Reference to Archaic States. Bulletin of the Menninger Clinic, 47(2) 117-128.
293. Strauss, A. L. (1987). Qualitative Analysis for Social Scientists. Cambridge; New York; Melbourne: University of Cambridge.
294. Strom, K. (1992). Reimbursement Demands and Treatment Decisions: A Growing Dilemma for Social Workers. Social Work, 37(5), 398-403.
295. Strom, K. (1992). Should Training for Private Practice Be a Central Component of Social Work Education—Response. Journal of Social Work Education, 28(1), 122.
296. Strom, K. (1994). Clinicians' Reasons for Rejecting Private Practice. Families in Society: The Journal of Contemporary Human Services, 75, 499-508.
297. Strom, K., & Gingerich, W. J. (1993). Educating Students for the New Market Realities. Journal of Social Work Education, 29(1), 78-87.
298. Strongman, K. (1997 March 8). Boxseat. The Press, p. 23.
299. Taverner, P. (1988). Challenging Times for Social Work Education. New Zealand Social Work Review, 1(2), 17-19.
300. Taylor, N. (1972). Do Social Workers Want to be Professionals? Papers Presented at NZASW Biennial Conference (pp. 70-74). Christchurch: NZASW.
301. Templeman, P. (1996). The Experience of Restructuring: A Trauma Discounted. New Zealand Journal of Counselling, 18(1 & 2), 25-32.
302. Tepper, T. P., & Tepper, N. D. (1980). The New Entrepreneur: Women Working From Home. New York: Universe Books.
303. Thompson, P. (1990). The Power of Family Myths. In R. Samuel, & P. Thompson (eds.), The Myths We Live By (pp. 216-224). London; New York: Routledge.

304. Thorpe, R. (1985). Community Work and Ideology: an Australian Perspective. In R. Thorpe & J. Petruchenia (eds.), Community Work or Social Change? (pp. 11-27). London; Melbourne: Routledge & Kegan Paul.
305. Tom, A. (1993). Women's Lives Complete: Methodological Concerns. In B. C. Long, & S. E. Kahn (eds.), Women, Work, and Coping: A Multidisciplinary Approach to Workplace Stress (pp. 32-50). London: McGill-Queen's University.
306. Tonkin, E. (1990). History and the Myth of Realism. In R. Samuel, & P. Thompson (eds.), The Myths We Live By (pp. 25-35). London; New York: Routledge.
307. Toren, N. (1969). Semi-Professionalism and Social Work: A Theoretical Perspective. In A. Etzioni (ed.), The Semi-Professions and Their Organisation: Teachers, Nurses, Social Workers (pp. 141-195). New York; London: Free Press.
308. Torstendahl, R. (1990). Essential Properties, Strategic Aims and Historical Development: Three Approaches to Theories of Professionalism. In M. Burrage, & R. Torstendahl (eds.), Professions in Theory and History: Rethinking the Study of the Professions (pp. 44-61). London: Sage.
309. Trice, H. M. (1993). Occupational Subcultures in the Workplace. Ithaca, New York: ILR.
310. Tryon, G. S. (1983). Professional Publications of Most Use to Full-Time Private Practitioners. Professional Psychology: Research and Practice, 14(4), 549-553.
311. Turner, B. S. (1987). Medical Power and Social Knowledge. London: Sage.
312. Uttley, S. C. (1979). Service and Self Service: A Study of the Motivational Statements of Social Work Students. Wellington: Victoria University.
313. van Heugten, K. (1994). Placing Private Social Work Practice in Context. Social Work Review, VI(5 & 6), 46-48.
314. Van Maanen, J., Schein, E., & Bailyn, L. (1980). The Shape of Things to Come: A New Look at Organizational Careers. In M. Morgan (ed.), Managing Career Development. New York: D. Van Nostrand.
315. VandenBos, G. R., & Stapp, J. (1983). Health Service Providers in Psychology: Results of the 1982 APA Human Resource Survey. American Psychologist, 36(11) 1330-1352.
316. Veeder, N. W. (1990). The Case Against Close Supervision in Social Work. The Clinical Supervisor, 8(2), 33-47.
317. Vinokur-Kaplan, D, Jayaratne, S., & Chess, W. A. (1994). Job Satisfaction and Retention of Social Workers in Public Agencies, Non-Profit Agencies, and Private Practice: The Impact of Workplace Conditions and Motivators. Administration in Social Work, 18(3), 93-121.
318. Vitalis, A. (1985). Practice Management. Health Review, 5(3), 11-13.

319. Wallace, M. E. (1982). Private Practice: A Nationwide Study. Social Work, 27(3), 262-267.
320. Walsh, C. C. (Director BASW). (1997). Personal Communication, 11 July.
321. Walz, T., & Groze, V. (1991). The Mission of Social Work Revisited: An Agenda for the 1990s. Social Work, 36(6), 500-504.
322. Watts, T. D. (1981). Ethnomethodology. In R. M. Grinnell (ed.), Social Work Research and Evaluation (pp. 361-372). Itasca, Illinois: FE Peacock.
323. Webster, T. (1995). Economic Rationalism: The Nature, Influence and Impact of the Doctrine Over the Last Decade in Australia. Australian Social Work, 48(4), 41-47.
324. Weedon, C. (1987). Feminist Practice & Poststructuralist Theory. Cambridge, Massachusetts: Basil Blackwell.
325. Weimann, G. (1982). On the Importance of Marginality: One More Step Into the Two-Step Flow of Communication. American Sociological Review, 47(6), 764-773.
326. Weinrach, S. G. (1989). Guidelines for Clients of Private Practitioners: Committing the Structure to Print. Journal of Counseling and Development, 67, 299-300.
327. Welsh, M. K. (1988). The Corporate Enigma: Women Business Owners in New Zealand. Upper Hutt, New Zealand: Wright and Carman.
328. Whittington, R. (1985). House Calls in Private Practice. Social Work, 30(3) 261-264.
329. Wilensky, H. L. (1964). The Professionalization of Everyone? American Journal of Sociology, 70, 137-158.
330. Williams, R. M. (1979). Change and Stability in Values and Value Systems: A Sociological Perspective. In M. Rokeach (ed.), Understanding Human Values: Individual and Societal. New York: Macmillan.
331. Witherspoon, R., & Phillips, N. K. (1987). Heightening Political Awareness in Social Work Students in the 1980s. Journal of Social Work Education, 3, 44-49.
332. Work and Income New Zealand. (1998). People Receiving a Disability Allowance Where One of the Costs is for Counselling as at 09 Oct 98.
333. Yankelovich, D. (1994). How Changes in the Economy Are Reshaping American Values. In H. J. Aaron, T. E. Mann, & T. Taylor (eds.), Values and Public Policy (pp. 16-53). Washington: The Brookings Institution.

## Appendix: Interview Schedule and Accompanying Letters

### A.1 Letter of Introduction and Consent Form

27 May, 1996

You are invited to participate in an interview for my Ph.D. research project: *Social Workers Who Move Into Private Practice: A Study of the Issues That Arise For Them*.

I hope to undertake interviews with as many as possible of North [sic.] Canterbury's private (independent) practitioners who have the equivalent of two or more years of full time social work education. You are being invited to participate because I believe you meet these requirements.

As I am sure you are aware, private practice has become more common for social workers in New Zealand over the last five years. My own entry into private practice in 1991 was the catalyst for my interest in this phenomenon, about which I soon found there is little New Zealand information. This research project aims to help to change this, and may also lead to opportunities for further investigation of this stimulating subject. The research which I am undertaking is exploratory and qualitative in nature, and therefore well suited to the case study method. I plan to undertake oral interviews in North Canterbury, during this year.

The questions you will be asked will relate to the purpose of the research, which is to discover:

- a. What led the individual to private practice, what do they perceive as the motivating factors?
- b. What were the issues involved in entering private practice and in maintaining the practice?
- c. What means were and are used to deal with these issues?
- d. Are values issues of significant concern in the transition, and do independent practitioners believe the change in practice context has changed their values?
- e. How do practitioners perceive intra- and inter disciplinary relations?

The audiotaped interview will take approximately one and a half hours of your time. I hope to interview you at a time and place convenient to you. I am available for interviews during business hours, evenings, and weekends. Once I receive your reply to my request, and if you agree to participate, I would like to telephone you to make arrangements.

No risks are foreseen as a result of the interview; however, you are free to choose not to answer any questions because you consider them too sensitive, or for any other reason. Your identity will be known only to me. All data will be presented in a non-identifying form, and as an extra precaution the thesis will be embargoed for a period of five years to protect the identity of all subjects.

I will be happy to be contacted at work 03 366 5450 (leave a message on my answer phone) or at home 03 322 9130 (weekends, Mondays and evenings), to discuss any concerns or questions you may have about your participation in the project. The supervisor for this research is Associate Professor Ken Daniels from the Department of Social Work, Canterbury University, and he can be contacted by telephoning 03 364 2443 or by writing to Private Bag 4800, Christchurch.

A consent form is enclosed, and the stamped and self addressed envelope has been included for your convenience. Please reply by 15 June.

The project has been reviewed and approved by the University of Canterbury Human Ethics Committee.

Yours sincerely

Kate van Heugten  
PO Box 4395  
Christchurch



**CONSENT FORM**

**Ph.D. research project: *Social Workers Who Move Into Private Practice: A Study of the Issues That Arise For Them.***

I have read and understood the description of the above-named project. On this basis I agree to participate as a subject in the project, and I consent to publication of the results of the project with the understanding that anonymity will be preserved. I understand also that I may at any time withdraw from the project, including withdrawal of any information I have provided.

Name

Signed

Date

**If you are willing to participate, or wish to discuss the possibility of doing so, please complete the following details, to enable me to contact you.**

Name

Postal address

Telephone Number

Comments

## **A.2 Interview Schedule**

I will undertake oral interviews with as many as possible of Christchurch and surroundings' social service private (independent) practitioners who have the equivalent of a 'B'-level qualification in social work.

The purpose of the interview is to discover:

1. What led the individual to private practice, what do they perceive as the motivating factors?
2. What were the issues involved in entering private practice and in maintaining the practice?
3. What means were and are used to deal with these issues?
4. Does the transition to private practice impact on the social work identity, and if so, in what way?
5. Are values issues of significant concern in the transition, and do independent practitioners believe the change in practice context has changed their values?<sup>82</sup>

The interview schedule has been adjusted following the pilot. Statistical information will be gathered at the end of each interview, and an additional comment sheet will be left with the subject, to complete and post to me if they wish to do so (stamped and self addressed envelope provided).

Reason for choosing the oral interview/casework method:

According to Carroll and Johnson (1990) this method is best at discovery and at uncovering the unexpected, and is also good for increasing understanding in a relatively under-researched field of enquiry such as the one in which I am undertaking my research. It is expected that further research will follow.

Each oral interview should not need to take more than one and a half hours, unless the interviewee wants to talk more. I will not attempt to rigidly control the flow of the interview, but I will expect to have all the questions answered by all subjects at the end of the interviews.

The interview will take place at a location chosen by the interviewee, and will commence with an explanatory introduction and engagement of the interviewee. I will explain the purpose, and format of the interview, and restate that the interviewee is free not to answer questions, as previously stated in written consent forms (in keeping with the Human Ethics Committee Guidelines). The interviewee will also be invited to ask for clarification of anything they are unclear about regarding process or purpose.

---

<sup>82</sup> These questions correspond to research aims 1—5 (1.2).

**PART 1.****MOTIVATION FOR ENTERING PRIVATE PRACTICE**

*Purpose:*

*To discover what led to private practice*

**I am interested in the immediate precipitants to your entry into independent practice, as well as in the "deeper" or more long term motivations. I would first like us to explore the more immediate factors, by which I mean, the things that went on in the year or two before you made the transition.**

**Additional prompts if required:**

To cast your mind back to that time, could you first tell me how long ago it is that you entered private practice?

What was going on that led you to eventually consider private practice as an option?

When you think back to the time when you were considering private practice, were there important considerations that arose for you at that time?

There may have been gains you hoped to make from the move, or things you were hoping to avoid or leave behind.

**Ensure I get answers to all of the following:**

Why do you think you entered private practice when you did? Obtain date.

What were the circumstances prior to the decision to enter private practice - work and home, dependants?

What was happening at the time you first realised you must make a decision/how was the decision problem first formulated? What were the various alternatives considered?

Who assisted or detracted from the decision process? What assistance was employed?

What were significant factors in the decision (eg financial considerations, flexibility, security), what were the pros and cons of the alternatives, and particularly of private practice, and how were these worked through (how did you go about making the decision)? Did the final decision seem impulsive or deliberated?

How long did it take to make a decision?

Do you think that the location you were in at the time that you made the decision was significant?

Were there role models, did you know anyone else doing the same work or making a similar move for similar reasons?

Is there anything that could have made a difference in the decision?

How important were third party payments in your decision to set up in private practice?

How soon, and with which, third party payers did you become registered? Which ones are you currently registered with?

**As well as discussing the more visible immediate motivators, there were probably various relevant personal background factors. I am interested in social and systems factors, as well as intra-personal factors of which you may be aware. Perhaps you had role models; there was something about your family's social, economic, or religious background; your own educational or work history; or a life event that you believe influenced you. I am keen to discover what comes to mind for you about this.**

**Additional prompts:**

When did you first think about private practice. What were prior beliefs and thoughts about private practice and private practitioners?

**Ensure I encourage interviewees to explore all of the following potential motivators:**

Role models

Family social and economic background (such as work history of family), and cultural context

Religious/spiritual background (including family's specific religion(s))

Significant life events (This may include traumatic events)

Educational and work history of interviewee. Specialisation during social work training.

When social work training was completed

Would you be prepared to tell me if you have consulted anybody over personal issues/problems?  
Was this person a private practitioner? Did this/these consultations influence or affect your decision to enter private practice in any way?

Have you noticed any patterns in the way that you handle major life decisions or major issues?  
Are these patterns reflected in your decision to make the transition from a salaried position to private practice?

**As well as the personal factors, there may have been socio/political changes, and changes in the social work occupation itself, which you believe led you to reconsider your direction in (or out of) social work, if so what are these and how have they affected you?**

## PART 2

### ISSUES IN THE TRANSITION FROM A SALARIED POSITION TO PRIVATE PRACTICE, AND THE MEANS USED FOR DEALING WITH THESE ISSUES.

#### *Purpose:*

*To discover what issues people encountered in setting up and maintaining their practice, and how they have dealt with these issues.*

**I am interested in the process you went through in getting from the decision to go into private practice to actually being a private practitioner, what you had to do and did, and what it was like. You may have had supporters and detractors, hopes and concerns, things you found particularly straightforward or difficult, gains you thought you might make or losses you faced.**

#### **Prompts and questions:**

How long was it from the time you made your decision until you were established in your private practice?

Once the decision was made, what did you have to do then?

What did you have to work through in order to set up, what were some of the difficulties you encountered, and what were some of the things which went smoothly? How did you make your decisions about setting up.

What about your work style; has private practice affected the methods you employ? Did decisions about this precede or come after the decision to enter private practice?

In thinking about the characteristics of the people that you have as clients, how do these differ from the clients you had previously, and what adjustments have you had to make to deal with them? What are the advantages and disadvantages in the changes in work methods and client groups?

Did your entry to private practice lead you to make any changes in your availability to clients or client groups? Were there any availability or boundary issues which you had to deal with?

Were your hours of work affected, and how was this for you?

How do you promote your practice and let people know about your practice?

What title do you use? (For instance: counsellor; therapist; social worker.)

Are there any issues to do with income that you would like to tell me about?

Did you have any contingency plans, in the event that the transition was unsuccessful?

What did you find helpful in your transition? What would you recommend to someone else planning to enter private practice?

Have you noticed any patterns in the way that you handle major life issues? Are these patterns reflected in the way you handled the issues which emerged in the transition?

#### **Ensure the following information is obtained:**

Other people's reactions (significant others, colleagues)

Where did you decide to work from, who with and the reasons

Personal and practical issues in setting up (advertising, referrals, safety, charges, and so on)

Worries and pleasures

Immediate full time or part time first

### **PART 3**

#### **CURRENT ISSUES**

*Purpose:*

*To discover the issues which currently confront people in their practice, and to discover more about their current view of themselves in their practice.*

**In the next part of the interview I would like to find out how your plans have worked out, and what have been the developments for you.**

**You may still be in the transition period, or you may be more established. What have been the more recent issues you have encountered, and if any required resolution, how have you dealt with them? What are the most significant issues currently?**

#### **Additional questions:**

Were these more recent issues different from the most important issues earlier in your practice, or are some things still not resolved?

Has it been as you expected or different?

Has your work style changed, voluntarily or because it had to, and what is this like for you?

What have been the most significant things that have affected your work? (Have economic, political and social changes made an impact?)

Have there been any major personal things that have affected your work, how have you dealt with these?

Have you changed through this work and how?

Has your work affected your health, happiness self esteem and life style? If so, in what way?

Has private practice affected your involvement in continuing education?

Where do you see yourself going in the future short intermediate and long term?

Could you ever imagine yourself going back to an organisational social work position? What changes do you think you would face?

Have you considered returning to such a position, and if so would you be prepared to talk about your reasons for considering this? What has been the effect of this process on you?

Overall, was moving into private practice a good move for you?

## VALUES

**Next I would like to ask you some specific questions about how social work values may influence or change through private practice.**

In terms of the values that guide your current practice, in what ways do they reflect or not reflect social work values?

To what extent and how did the values you were taught prepare you for private practice?

Was there a shift in some of your values before you entered into private practice, and do you think this may have encouraged or facilitated your move? What do you think led to these changes?

Can you tell me how being in private practice has impacted on the values you learned or were expected to subscribe to as a social worker?

*Further prompt if required: Some of your values may have changed to accommodate private practice. Have you found any of your values have changed due to entry into private practice, or that any of your previous beliefs, values or practices were no longer appropriate? If so, which values changed, and how has this adjustment been for you?*

Are you aware there are things you may do differently from practitioners with another professional background, because of your social work values?

Are there any social work values which you do not see as appropriate in the work you now do as a private practitioner, or ways social workers seem to typically do things or think which you do not see as appropriate to this work?

Do you belong to the New Zealand Association of Social Workers (NZASW) and do you believe the NZASW code of ethics adequately covers you in your private practice? If not what would it need to cover to assist you?

Is there another association's code which you follow, and do you find this more or less helpful than the NZASW one?



**INTRA- AND INTER-PROFESSIONAL RELATIONS**

**I would now like to ask some questions about intra- and inter-professional relations from the social worker's (or ex-social worker's) point of view.**

What part does social work play in your professional identity now?

What are the backgrounds of the colleagues you work or associate with the most? and those you identify with the most? What is the discipline of your supervisor?

In what ways, if at all, do you think private practitioners with a social work background differ from other human relations professionals in private practice? Do these differences apply to you? (work methods, professional conduct)

How do you see yourself in relation to other professions who are doing similar work to yourself, with regard to status, experience, appropriateness of education, other.

How do you think these non-social work colleagues see private practitioners with a social work background, in terms of status, experience, appropriateness of education, other?

How do you think the wider community (GPs, third party payers, members of the public) perceives us as private practitioners with a social work background?

What, if any, impact do the above views have on you in your private practice (for example referrals)?

Do you make referrals, and if so, to which disciplines and why?

Do you have any comments or observations about competition in private practice?

Are there any additional comments you wish to make regarding this topic?

**I have four final questions:**

What do you think now about the appropriateness of social workers in private practice, and what, if any, do you think are appropriate roles for social workers in private practice?

To what extent should educational institutions present private practice as an option? What aspects (if any) should they present, and how should these be presented?

Do you belong to NZASW , and if so, do you think this association looks after your interests and is concerned about your private practice? Do you see benefits in your belonging to NZASW and if yes, what are they? If you don't belong, could you tell me why?

Do you believe social workers in private practice should meet specific standards prior to their entry to private practice? What would these standards be, and who would set and administer them?

*Thank the participant for taking part in the interview. Make comment on what I may have found especially interesting or new. Inform the interviewee of what I will do with the information I have received, and tell them about the written papers I hope to publish, to reward them for their participation.*

**Statistical Information:**

1. Please indicate your age group:

-25  
25-35  
35-45  
45-55  
55-65  
65+

2. Gender:

Male  
Female

3. Ethnicity:

**ADDITIONAL COMMENT SHEET**

Thank you for taking part in the Ph.D. research project: *Social Workers Who Move Into Private Practice: A Study of the Issues That Arise For Them*.

If you would like to comment on any issues that arose for you as a result of taking part in this research, please feel free to do so. A stamped and self addressed envelope is enclosed.

I would like to receive your comments within two weeks of the interview, in order to enable me to include any additional data in my research.

**PILOT INTERVIEW RESPONSE FORM**

Could you comment on the explanations given regarding the research project? Were the purpose and introductory statements clear to you?

Was there anything you wish I had asked about, or think I should have asked about but didn't?

If yes, what was it?

What would your answer have been?

Was there anything about the questions or process (for example the sequencing of the questions from past motivators, to more current issues and values) which you wish to comment on?

Was there anything which concerned you about the questions asked?

Do you have suggestions regarding improvements I could make to the research design or structure?

Could you comment on any issues that arose for you as a result of taking part in this pilot research?

### **A.3 Follow-up Letters**

13 December, 1996

I am writing to update you on my progress with my Ph.D. research project: *Social Workers Who Move Into Private Practice: A Study of the Issues That Arise For Them*.

I was delighted with the 100% response rate to requests for interviews. I interviewed 29 people in Christchurch and its environs during June, July and September, and I now have a lot of data (commentary, opinions and insights) awaiting analysis. Several interviews have been transcribed, and I have begun coding information under topic headings, but this does not yet allow me to make any statements about trends. It does enable me to experiment with a structure, and to study the relationships between various issues. I am using a computer program designed to analyse qualitative information to help me with this next phase of my research.

During the interviews, many people expressed a strong interest in reading the completed thesis, and a disappointment that I had decided to place this under a 5 year embargo. (The promise of journal articles did not altogether overcome this disappointment.)

I had decided to place the embargo because I thought people would feel safer about taking part in the research. With hindsight I was overly cautious. Respondents seemed to think that the other measures I propose to take to protect confidentiality are adequate. These measures include structuring the thesis around topics or issues, rather than writing case studies. Quotations will be of small sections of speech, with identifying remarks omitted.

Having initially promised to place the embargo, I will need the agreement of all participants to withdraw it. Please let me know whether you would have any objection to this, and feel free to ask me any questions you have about this or other aspects of the research.

Confidentiality remains an absolute consideration.

Once again, thank you for your generosity in taking part in the research. I will let you know of further developments with regard the embargo.

Yours sincerely

Kate van Heugten  
PO Box 4395  
Christchurch  
Tel. 366 5450

**EMBARGO RESPONSE FORM**

**Ph.D. research project:** *Social Workers Who Move Into Private Practice: A Study of the Issues That Arise For Them.*

I agree to the thesis for this PhD research being made available upon completion, in the usual way through the Canterbury University library. The previously agreed 5 year embargo will not be put in place. I agree to this provided that all reasonable measures are taken to ensure my confidentiality.

Signed

Name

Date

10 December, 1998

It is now almost two years ago since I last wrote to update you on my progress with my Ph.D. research project: *Social Workers Who Move Into Private Practice: A Study of the Issues That Arise For Them*.

I am now quite close to completing my thesis, and hope to present this for examination early in the new year. The process of writing has been exciting and interesting. The ideas that have taken shape concern the common issues that confront social workers in transition, including identity and ideological issues. Also the practical concerns of running a viable practice whilst parenting children (particularly for women).

When I last wrote I asked you for your opinion on retaining or revoking the five year embargo on public release of the thesis. The process of obtaining responses from all those who took part in the research took some time. Next followed a process of negotiation, because all bar one respondent agreed to the embargo being lifted. These negotiations involved the Human Ethics Committee of the University of Canterbury. As a result of these considerations it has been decided that the embargo will remain.

This is unfortunate for those who wished to read the thesis soon. However, I will continue to write journal articles, and hope to present seminars on the findings of the thesis. I hope you will be able to attend these, and that they will satisfy your desire for information.

I will be very happy to discuss any remaining questions you may have about the research. I will also be happy to provide you with a transcript of your interview with me, if you would like this. Please let me know.

Yours sincerely

Kate van Heugten  
PO Box 4395  
Christchurch  
Tel. 366 5450